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HEREDITARY EVILS.

THE CARE OF THE HELPLESS DEPENDENTS OF THE STATE.

ANNUAL ADDRESS BEFORE THE STATE HOMŒOPATHIC
MEDICAL SOCIETY BY THE PRESIDENT, A. R.
WRIGHT, M. D., OF BUFFALO.

Ladies and Gentlemen:—To discharge the duties of this hour in a manner that shall be of interest to you and profit to our Society is the desire of your President. A failure in this might be natural enough under the circumstances. On a similar occasion one year ago, this Society was treated with an eloquent and scientific address on the general subject of the heredity of the more desirable marks and characters of physical life and traits of the human faculties. I have chosen for discussion this evening a medico-legal aspect of the heredity of pauperism and crime (in co-existence) with inebriety, insanity and idiocy, as found in the dependent classes. I know the ex-President and the society will pardon me for any appearance of a continuation of last year's subject when they see its scope, as we shall pass in review the darker and more repulsive side of human character. In our professional work, we see humanity generally in its more unfavorable aspect; its weakest and most helpless side turned towards us for improvement at our hands through the skill and knowledge we have obtained. The subject of the treatment or care of the helpless dependents of the State you may think too undignified for discussion in your society, and that it more properly belongs to some other body. But in the practice of every physician of moderate experience this unfortunate class is frequently brought under observation; hence physicians are generally consulted on the best means of caring for these helpless dependents. On one point in connection with them, I ask your thoughtful attention; that is, the heredity of pauperism and crime, and the usual co-existing diseases and conditions, viz.: Alcoholism, insanity, and idiocy. The general doctrine of heredity is so nearly universally accepted by scientists and professional men that we do not propose to discuss it here. Neither is it necessary in a society of intelligent physicians to produce any proof of the heredity of the diseases mentioned. You all recognize it in any critical study of the etiology of these diseases in your patients. Perhaps the heredity of alcoholism is not so readily accepted as the others, and we make room for the following references: Ribot* says: "The passion known as dipsomania or alcoholism is so frequently transmitted that all are agreed in considering heredity as the rule. Not, however, that the passion for drink is always transmitted in that identical form; for it often degenerates into mania, idiocy and hallucination." Gall speaks of a Russian family, in which the father

and grandfather had died prematurely the victims of this taste for strong drink. The grandson, at the age of five, manifested the same liking in the highest degree. "Trelat, in his work *Folie Suicide*, states that a lady of regular life and economical habits, was subject to fits of uncontrollable dipsomania. Her mother and uncle had also been subject to dipsomania." Putzel* says "there is no doubt that inebriety may be transmitted, and I have myself seen a few cases in which several examples were presented in the same family." Dr. Morel† says: "On examination of 150 children of the commune, ranging from 10 to 17 years. This examination has confirmed me in my previous convictions as to the powerful effect produced by alcohol, not only in the individuals who use this detestable drink to excess, but also in their descendants. On their depraved physiognomy is impressed the threefold stamp of physical, intellectual and moral degeneracy." For further proof on this point, consult Dr. Huss and Morel who have collected many facts bearing on the heredity of alcoholism. The medical literature of the present day abounds in proofs of the effects of alcoholism in producing insanity and idiocy. Austie‡ says "that the nervous enfeeblement produced in an ancestor by great excess in drink, is reproduced in his various descendants with the effect of producing insanity in one, epilepsy in another, neuralgia in a third, alcoholic excesses in a fourth, and so on." Hess§ found in a Swedish asylum that half the insane men had been drunkards. Evidence more frightful even than this, of the ravages wrought by alcohol, is furnished by the effects of the removal of the *heavy tax* on alcoholic drinks in Norway. In eleven years (1825-36) the percentage of increase for the whole population was in mania, 41 per cent.; melancholia, 60 per cent., and dementia, 25 per cent. Worse even than this was the effect upon the rising generation, for idiocy increased 150 per cent. That this increase was due to the augmented consumption of alcohol was shown by the inquiry made by Dahl, who found that out of 115 idiots, 60 per cent. were the children of drunken fathers and mothers." But our purpose being at present to note particularly the existence and heredity of crime and pauperism in close connection with the diseases named, we refer again to Morel, who traces the effects of intemperance in one family and sketches it as follows:

- 1st. Generation—Immorality, depravity, intemperance and sottishness.
- 2d. Generation—Hereditary drunkenness, maniacal attacks, general paralysis.
- 3d. Generation—Hypochondriac tendency, homicidal proclivities.
- 4th. Generation—Intelligence hardly developed, stupidity leading to idiocy.

Despine in "Physiologie Naturelle" gives several cases of heredity of crime, one of which, the Jean

* P. on Nervous Diseases, p. 62.

† Traité des Dégénérescences.

‡ Reynolds' Cyclopaedia, Vol. 1, p. 675.

§ Brain Work and Overwork, H. C. Wood.

* Th. Ribot on Heredity, p. 55, et seq.

Chretien family, whose history for three generations we condense as follows: Though there were but sixteen persons in the three generations, ten were convicted of capital offences, six of which were murder. Dr. Despine observes the tendencies of such families of criminals to unite, thus conferring the hereditary transmission, also remarks, "The fact demonstrated by Ferrus and Lelut, that insanity is much more frequent among criminals than other persons, goes far to prove that crime and insanity are closely connected." Ribot says: "The number of criminals whose ancestors have given signs of insanity is very great." Bruce Thompson, in his recent work on the hereditary nature of crime, adopts this conclusion and supports it by figures. He says: "On a close acquaintance with criminals of eighteen years' standing, I consider that nine in ten are of inferior intellect, but that all are excessively cunning." To show the connection of PAUPERISM also with the diseases mentioned, we have for reference recent statistics from the very ground on which we would apply the remedy. In 1877 Dr. Charles S. Hoyt, Secretary of the State Board of Charities of New York, presented to the Legislature of this State a report relating to the "Causes of Pauperism." The statistics then compiled were carefully gathered by members of the Board and other intelligent men, from personal observation and inquiry into the condition and history of the inmates of each of the almshouses of the State. They noted the history and condition of each person, and also that of his family, living or dead, for three generations. But the obvious difficulty in obtaining such items from such sources, especially in the large cities, would color the aggregate more favorably than the *real* facts would warrant. The names of Dr. Hoyt, President Anderson, of Rochester University, W. P. Letchworth, of Buffalo, Pruyn, of Albany, Roosevelt, of New York, are an assurance that this report presents the most reliable statistics we know of, on the subject under consideration. Some of these notes give sad family groups, as follows:

A man aged eighty-five years, with a son, feeble-minded, forty-five years old, a daughter forty years of age, also feeble-minded, and a grandson eleven years old, an idiot, born in the poor-house; the first an inmate forty-five years, the second forty years, the third thirty-five years, and the fourth eleven years, making an aggregate of one hundred and twenty-six years spent by them in the institution, or nearly thirty-five per cent. of the time spent in the house by all of its other inmates, and it was said that several other members of the family had also been paupers. A man aged sixty and his wife aged thirty-nine years, and an illegitimate child of the latter, five years old, born in the poor-house; the woman with her mother, one brother and six sisters were formerly inmates of the poor-house of an adjoining county; after being discharged she married and soon lost her husband by death, since which time she has had three illegitimate children, two of whom are dead; her present husband a pauper at the time of their marriage. A man and his wife, the former aged thirty-nine and the latter thirty-seven years, with three children and a grandchild, the parents said to be useful and the children intelligent; two brothers and a sister, aged respectively twenty-two, nineteen and sixteen years, all feeble-minded; the parents feeble-minded; and also five other of their children, a feeble-minded woman aged thirty-eight years and unmarried; admitted when twenty-three years old; father intemperate and mother died in the house, a pauper; has had two illegitimate children. An unmarried girl eighteen years of age having two illegitimate children, the youngest of whom, an infant, was born in the house; was early orphaned and entered the poor-house when only seven years of age, the mother a pauper, and she has had one brother and two sisters also paupers; is thoroughly debased and offers but little hopes of reformation. A man seventy-two years of age, a widower, five years an inmate; is uneducated, very intemperate and has been in jail for

drunkenness; has had four deaf-mute children educated in the State institution, three of whom are now living, and provide for themselves. A weak-minded single woman, twenty-six years old, dependent from birth, the father, mother and two brothers having been paupers, and her child, a deaf-mute girl, six years old, born in the house. A single man, thirty-one years old, twelve years an inmate, a paralytic, of intemperate parents, both of whom were paupers, and died in this house. A married woman twenty-six years of age, frequently in jail for intoxication, two years an inmate with a male child three years old, and an infant girl aged two months; led a vagrant life in childhood, the father, mother, and four sisters being paupers; is debased and thoroughly degraded by sensual and immoral practices, and gives little promise of reformation. Two feeble-minded sisters, the elder aged twenty-one, and the younger fifteen years; the former an inmate of the home eighteen years, and the latter from birth; both maternal grandparents, as well as father, mother, and other near relatives, have been paupers, and most of them intemperate; the degeneracy of the family renders it probable that other dependants may spring from it unless stringent precautionary measures are adopted. In Kings county out of 1,870 inmates 942 are said to remain dependent for life.

The insane department of these institutions present similar pictures, as follows: Single woman, aged twenty-one, two years insane, but has not been at any State asylum, is frequently violent, and is said then to require close supervision; maternal grandfather, father and mother, and also one brother said to have been insane; and an unmarried woman, forty years old, insane ten years and three years in the institution, was at the State asylum two years without improvement, father and other members of the family have also been insane. A married woman, twenty-six years of age, insane two years, during one of which was under treatment at the State asylum; mother died insane, and a maternal uncle and aunt were insane; a woman thirty-five years old, married, and abandoned by her husband; sixteen years insane, two of which were spent at the State asylum and the balance mostly at this house. An unmarried man, twenty-five years old, insane three years, and treated first at the State asylum; the mother was feeble-minded and the maternal grandmother died insane; one maternal aunt bore two illegitimate children in the poor-house, another, with a child, was an inmate of the house six years, and another led a dissolute life and was also a pauper. A married woman, fifty-one years old, and the mother of two children; was taken insane at the age of twenty-nine, spent two years at the State asylum and the balance of the time in this institution; father and mother were paupers, the latter dying insane. A man thirty years of age, single, and insane ten years, was at the State asylum for a time without improvement, and is wholly dependent; the mother died a pauper, and an idiot brother eighteen years old has been in the house since ten years old.

Similar cases might be repeated *ad libitum* from said report, but such details are not pleasant reading and we refer to schedule 15 for more definite and instructive figures on the co-existence of pauperism and the diseases mentioned, showing by counties, the number of dependent insane, idiots and inebriates of pauper families for three generations; thus, in the poorhouse of Ontario, Co. there were 113 inmates. These, together with their ancestors for three generations, living and dead, represented 90 families; and in these families there were 168 dependents, 26 insane, 13 idiots and 103 inebriates. In Columbia Co., 118 inmates represented 114 families, had 143 dependents, 12 insane, 33 idiots and 127 inebriates. In Yates Co., 32 inmates represented 26 families, of whom 59 had been dependent, 4 insane, 2 idiots and 31 inebriates. In Kings Co., 1,876 inmates represented 1,668 families, 2,039 dependents, 753 insane, 23 idiots, and 975 inebriates. Herkimer Co. had 77 inmates, rep-

representing 67 families, 128 dependents, 21 insane, 12 idiots, and 64 inebriates.

The total in the almshouses of the State were 12,614 inmates, who represented 10,161 families whose members for three generations, living and dead, had among them 14,901 dependents, 4,968 insane, 844 idiots, and 8,868 inebriates. What more convincing proof could we have of the Heredity of Pauperism with those diseases? In round numbers, here are 10,000 families who have produced 15,000 paupers, or 3 paupers for every 2 families; of insane, about 1 for every 2 families; of insane idiots and inebriates combined, about 15,000, or 3 to every 2 families. Can you conceive of such a community of festering evil and not believe that Heredity was a powerful factor in producing it? Yet a more alarming illustration has been worked out by Dr. Dugdale on the Jukes family in this State. Most of you are doubtless familiar with it. Springing from one wicked woman, born about 1753, there has been a progeny of 12,000, of whom 280 were pauperized adults, 140 criminals and offenders, 60 habitual thieves, and 7 murderers, besides a long list of licentiousness which we will not transcribe. On a careful enumeration of the expenses of arrests, trials, imprisonments, arsons, loss of time, etc., he estimates the money lost to State and Society at \$1,308,800, in the short period of the last 75 years, and by a single group of 1,200. Yet he says they are not an exceptional class of people, for their like may be found in every county in this State. I might detain you here for hours in giving cases illustrating this Heredity of evil, but I will spare your patience and your feelings. There is an increasing number of noble workers in all Christian countries, but more especially in our own, who are giving freely of their time and means for the reform and elevation of these children of pauperism, and crime, and disease. They deserve the gratitude of the country for their humble yet noble work. Some are working in Prison Reform Associations, others in compulsory education and reformatories of different kinds. In this connection we cannot too highly commend our State Board of Charities for the efficient work they are doing for the improvement of the physical, moral and social condition of these unfortunate dependents. In all this large class, there are, as the Board and other charitable workers find, many who can be reached and improved in condition, some taking places in good families, which are the only natural reformatories. Let us hope that these patient workers may be rewarded by a large number of these unfortunates being elevated to useful membership in society. Yet after deducting all such as may possibly be improved and made self-sustaining, there will remain a large class which we might call *Incurables*, from whom the taint of evil cannot be removed. These, from their condition and environments cannot voluntarily adopt any means for their own improvement. Through the course of heredity, they will continue the entailment of their disease, crime or pauperism, thus burdening the State with a sad mixture of evils. Can this be prevented to any great extent, and if so, how? are philanthropic questions of great import and should interest a profession into whose care these unfortunates are largely placed. As an indication of what we would suggest to prevent the increase of this great evil, we would ask what would have been the result had the heads of the Jukes family, the Christian family, and others of the same ilk, been cared for in asylums separating the sexes during the child-bearing period? Contemplate the benefit to State and Society in the case of the Jukes family, of the amount of crime that would have been unknown and criminals unborn, besides one and a quarter millions worse than lost, "not taking into account the entailment of pauperism and crime of the survivors in succeeding generations, and the incurable diseases, idiocy and insanity growing out of this debauchery, and reaching farther than we can calculate." The direct or physical effect fades in comparison with the measureless amount of pollution that is cast upon the State and community by such a family.

At the beginning of the present century one Malthus, a practical philanthropist, and clergyman of the Established Church of England, had the boldness to propose as a cure for the increasing pauperism of that country, an increased prudence in marriage among the poorer classes; claiming that unless you have this, improvements in other respects are of very little consequence, and that the temptation to crime in squalid and hopeless poverty causes a great moral degradation of character. But Malthusianism was the synonym for degradation, and Malthus, after being abused by politicians and churchmen for more than half a century, has in the present day, as defenders of his theory, such noble minds as Faneux and Mill, who believe it is the only cure for pauperism and that the general operation of checks to population from prudential reasons, indicate the diffusion of a high morality.

Sound political economy cannot deny the inherent right of the State to take means to perpetuate its citizenship in an improved condition. To accomplish this, its duty is to adopt all proper and practicable measures to prevent deterioration in its poorest subjects, for all combine to make up the character of the body politic.

While it is admitted that the State has no right to interfere with or abridge the right of its most humble subjects, except for the strongest reasons, we think, as a police for the health, jurists and legislators on impartial investigation would decide that government has an undoubted right to exercise restrictions on the reproduction of a progeny that is only a curse in community. Henry Wade Rogers, in a late number of the *Princeton Review*, says, on a similar subject, "Certainly it is a seeming absurdity that a State should be possessed of the power to legislate for the prevention of offences and at the same time be denied the right to put forth that power to eradicate the cause of almost all offences: that it should be under the necessity of burdening itself with an enormous taxation for the support of the poor, the insane and the idiotic, and at the same time denied the right to remove the cause which make this enormous public expenditure necessary."

In the belief of the "survival of the fittest" some may contend that families affected by evil heredity will become extinct, through their own inherent weakness pitted against the moral strength of the better class. Granted that this may be, though not at all probable. The cases of the families cited show that several generations of society would be infected in morals and burdened in taxation before any extinction through self-limitation could take place. And it may be some will think these suggestions in advance of the age, that is, in advance of public opinion of the community. As an index to the opinions of those who have given the subject the greatest thought, who have shown the most active interest, and who are in positions to judge intelligently, we wish to make a few brief quotations. Dr. Hoyt, in the report above referred to, (p. 196) says:

"The element of heredity enters so largely in the problem of pauperism that it should receive special attention. The degraded, vicious and idle, who, when in good health, are always on the verge of pauperism, and who, at the approach of old age and illness, inevitably become paupers, are continually rearing a progeny who, both by hereditary tendencies and the associations of early life, are likely to follow in the footsteps of their parents. There is a large number of families throughout the State which are kept together by private and public charity, the sole end of whose existence seems to be the rearing of children like themselves. The line of pauper descent is very difficult to break, but unless vigorous efforts are directed toward this end, the number of the dependent classes will grow in a constantly increasing ratio.

"Few persons who have not given detailed attention to the subject realize how much vice, and pauperism, idiocy, and insanity is hereditary. It is believed to be the duty of society to take positive measures to remedy

this evil. What forms these measures should take, and how far the effort should be carried, present the most serious questions which press upon the legislator. It is a subject to which little attention has hitherto been given, at least outside of treatises on physiology; but the time is rapidly approaching when its importance will compel the attention of the moralist as well as the law-maker."

Dr. Nathan Allen, of Lowell, Mass., in a paper read before the conference of charities at Cincinnati, says, "Who are paupers? What is their history and character? What caused or made them paupers? Careful observation show that large numbers have certain characteristics in common, making what may be called a pauper class, and continue as such for generations. In every large almshouse are found, to some extent, a permanent set of inmates who have connections in the same or in other almshouses, and whose parents and ancestors have been frequent inmates in such establishments. There is such a thing as families breeding pauperism, and perpetuating it for generations. It is found that they have peculiarities in organization and character, which can be traced back to the same or similar causes. "The now celebrated 'Margaret, mother of criminals,' reported in New York two years since, furnishes a striking illustration of hereditary crime. An investigation was made through the New York Prison Association, in the jails and prisons of the State, extending back six generations, which resulted in tracing out nearly three hundred criminals descended from one wicked woman! If a thorough inquiry were made on this subject, doubtless other similar illustrations would be found. If the truth could be known, we believe a large amount of crime would be traced back to hereditary influences."

Dr. Kerlin, superintendent of a State institution for feeble-minded children, at Medea, Pennsylvania, says, in a paper on "Causation of Idiocy,"

"6th. That in 27 per centum of cases of idiocy, we find as a concurrence *imbecility and insanity begetting idiocy*—introduces a very serious question for the law of the State to settle, viz., whether marriage of the evidently unfit shall be tolerated, and whether pauper imbeciles shall continue to entail on the community a burden of woe and expense that heaps up in misery the further it descends."

"It seems incredible that, in an enlightened community, a woman should go on giving birth in succession to five microcephalic idiots, three of whom survive to be supported at the expense of the State so long as they shall live.

"It seems incredible that a female insane pauper should have been discharged two successive times from a county house, returning to a drunken husband to become twice enciente with defective or idiotic progeny.

"It seems incredible that a husband living with a wife who is known to be insane should go on bidding into being successive imbeciles and incompetents, apologetically explaining that his wife was in better health while enciente.

"It seems incredible that there should be a county in Pennsylvania where the inbreeding of paupers and pauper imbeciles of the same parentage is possible, until a large family of wretched creatures is issued to scatter and propagate an infamous blood."

A prominent clergyman who has had a large experience in charity organization societies in England, and the projector of all such societies in this country, when asked for an opinion on this subject, answered promptly, "I would take a hint from the stock breeders and prevent the reproduction of the dangerous class."

President Anderson, of Rochester University, who gave me the key note of this paper, in a recent letter says: "I am glad if any words of mine have led you to an investigation of this all-important subject. I believe it to be the duty of all medical men to study it with care."

... You will find that the class of persons who are miserably poor are more likely to marry young and rear

large families than those who are wealthy or expect to become so. The tendency of increase is, on the whole, greatest among those whose children are most likely to become public charges."

Hon. W. P. Letchworth, of the New York State Board of Charities, who has just completed an extended tour of investigation among the eleemosynary institutions of Europe, writes: ... Your proposition, though seemingly bold from the lack of public enlightenment on the subject, will eventually be accepted. Perhaps the first practical step in this direction in America, was the presentation of the subject by Mr. Letchworth, some years since, in a State Convention of Superintendents of the Poor held at Poughkeepsie, and the securing of a pledge from that body to co-operate in attempted legislation to provide custodial care of idiots. In mentioning the experimental institutions at Newark, Wayne county, for idiotic and weak-minded girls and women during the child-bearing period, Mr. L. writes: "I believe there are about one hundred there at this time, who, but for this arrangement, would be breeding children in the poor-houses or elsewhere. What our board desires further, is a similar institution for male idiots." The Newark asylum referred to, originated through a lady member of the State Board, who, in her official visit to the county poor-houses, was shocked to find more or less imbecile and idiotic females the mothers of illegitimate children. She reported the matter to the Board, and the result has been the opening of this asylum, where about one hundred of these unfortunate females are properly cared for.

In this imperfect manner, I have attempted to portray a growing evil, and to indicate, as I believe, the direction the remedy should take. In such cases, it is our highest prerogative as conservators of the public health, to point to the facts and designate the necessity for legislation. Here we rest the case, and leave the responsibility for action where it properly belongs, with our legislators. We show the necessity of bridging the chasm, without giving any plan or detail for the work. But I believe if the present Legislature were to appoint a commission from such men as the members of the State Board of Charities and the Prison Reform Association, to confer on the subject during the year, they would report a practical plan at the next session.

Ladies and gentlemen, I beg your pardon if I may seem to have digressed from a strictly professional topic. You have all had considerable experience, and have certainly seen living illustrations of some phase of this subject; and I believe it is our duty, as we are blessed with an intelligence above a less favored portion of humanity, to make all possible endeavor, for the purification of society generally, as well as for the restoration to health of its individual members.

THE INSANE DIATHESIS.*

BY SELDEN H. TALCOTT, M. D.

The insane diathesis may be either hereditary or acquired.

Those who are born to die insane do not, necessarily, spring from insane parents, or from an ancestry having any apparent taint of lunacy in the blood: but they do receive from their progenitors certain impressions upon their mental and moral, as well as their physical being; which impressions, like an iron mould, fix and shape their subsequent destinies. Hysteria in the mother may develop the insane diathesis in the child; drunkenness in the father may impel epilepsy, or mania, or dementia in the son. Ungoverned passions in the parents may unloose the furies of unrestrained madness in the minds of their children. Even tempered religious enthusiasm may beget a fanaticism that cannot be restrained within the limits of reason.

* Excerpts from an essay read before the State Homœopathic Medical Society.

As the development of progression is slow and gradual, so likewise is the development of degradation. As men attain high moral or intellectual achievements only through the efforts of succeeding generations, so it seems but natural that the insane should, oftentimes, trace their sad humiliation and utter unfitness for the duties of life back through a long line of passion unrestrained, of prejudice, bigotry, and superstition unbridled, of lust unchecked, of intemperance uncontrolled, and of nerve resource wasted, exhausted, and made bankrupt before its time.

Again (as we have already stated), the insane diathesis may be acquired, as well as inherited, and by the following means: *first*, by improper nutrition; *secondly*, by slight and almost imperceptible injuries to the brain; *thirdly*, by those fears which are sometimes excited in the minds of children, for purposes of government (diabolic doings of parents and nurses); *fourthly*, by cruelty and neglect; *fifthly*, by overtaxing the undeveloped physical powers; *sixthly*, by unwise forcing of the mind in its immature stage; and *seventhly*, by the premature and unnatural excitement of the sexual organs of the young.

Insanity is a result of diseased conditions of the brain. It manifests its presence through the medium of the mind, but the materials it feeds upon are the tissues of the cerebral structure, and the force it assails is the *vis vitalis*. Hence it is easy of comprehension that whatever tends to the weakening of cerebrum, or the exhaustion of the sources of life, must necessarily favor the inception and growth of insanity. Lack of proper nutrition for the brain is, therefore, a prime cause of acquired mental abnormality.

As severe blows upon the head cause concussions, congestions, and inflammations, which speedily terminate the lives of those thus injured, so slight blows, quickly forgotten, perhaps, often result in stealthily developed but none the less dangerous conditions which eventuate in derangement of all the mental processes.

Fright, occasioned by threats of punishment, by looking up in dark rooms, by stories of greedy bears or grinning ghosts, produces oft times a mental shock that not only renders the child wretched during its early life, but brands the brow of its victim with the mark of impending insanity—a mark as deep and indelible as the trace of an actual cautery. This wound upon the child's mental being may, apparently, heal, but the rude chafings of the world will, at some future time, rend the cicatricial tissue and produce an eruption of insanity.

As insanity is most prevalent among the working classes, and as it frequently succeeds the utter exhaustion of all the physical forces, it follows most conclusively that overwork of the young and immature is a pre-eminent cause of their gravitation toward that abyss, into which the full grown and the strong are so readily precipitated when their grasp upon reason has been paralyzed by the grinding toils of life. Our factories, shops and stores are not only for the production and display of artistic and useful wares, but, when the young are employed in them, and overtaxed by day and by night, they become the feeders of asylums for the insane, as well as the producers of material for premature graves.

But by far the most common cause of acquired insanity is the forcing system adopted at the present time for the education of the young. While we believe that proper education and training of the human mind is one of the best of prophylactics against insanity, we also hold that, like all other agencies which, when properly applied are most potent for good and which, when misdirected become the most terrible instruments of evil, the system of popular education, as now practiced, is fraught with dangers that are likely, unless checked, to destroy the very ends it is intended to accomplish. Instead of seeking first to insure a sound physical basis for the mental superstructure, our pres-

ent methods tend to break down physical health, to dry up the primal sources of existence, and to bring to eventual wreck all the powers of body and mind. It is only by violating the prevalent methods of education, and by playing truant in spite of threats or entreaties, that we have enough of real, genuine Yankee vitality left in the nation, to cope with the difficulties and cares, and labors which the demand of the times put upon us! Well might the eloquent Duparty exclaim, when gazing at the magnificent anatomical museum at Florence: "Philosophy has been in the wrong not to descend more deeply into physical man; there it is that the mental and moral man lies concealed." When our public educators come to appreciate the sublime fact that the human body and the physical brain must be first sufficiently developed and perfected, and that mental growth must follow, not precede physical growth, and, if need be, be restrained with a steady hand; and that the minds of the young must be guided to grand achievement with discriminating judgment; then our schools will no longer be hot beds for the propagation of imbecility, nor gardens for the cultivation of lunatics. Mental culture may accompany physical growth, but always in the order of an army following its leader. When perfect discipline is attained, and the hour for battling with the world arrives, then the mental forces will certainly march to the front; and they will take with them the inspirations of health and good blood.

A final cause inducing the insane diathesis lies in that growing and deplorable social malady, the premature and excessive excitement of the sexual organism. It is scarcely needful to argue the fact that masturbation is alarmingly prevalent among the young. The books are full of printed proofs; and the appearance of the young in our schools and on the street is an open page of the most indisputable evidence. Most of the insane in asylums, who are yet adolescent, present histories and marks of this damning practice. A medical friend, living at the west, in a recent letter, says: "I have recently cured a case of epilepsy, in a lad of three years of age, due to masturbation (?). At least he performed all the tactics of that 'manual.' He had been circumcised, but it did no good. For some curious similar instances see *London Hospital Reports*, Vol. II, p. 58."

That such a practice tends not only to epilepsy, but to imbecility, mania, and dementia, the experience of the past in almost every asylum abundantly demonstrate.

Are there means for avoiding the development and growth of the insane diathesis?

To avoid the evils liable to arise from the propagation of the insane diathesis, the parties to the crime must pause and study the new philosophy of life, a philosophy which shall guide them to the accomplishment of high and noble results, rather than to those which are ignoble and demoralizing to humanity. The avoidance of debasing passions, the putting away of that cup whose contents are adders' juices, the shunning of all unnecessary anxieties, and carking cares of life; and in their stead the patient cultivation of all higher virtues, and better tempers, will insure an offspring that will not only bless their ancestry, but will fill the earth with happiness and health, and unruffled contentment of mind and spirit.

When once the human being has appeared upon the carpet of life, then the practical work of nourishment, development and training of a physical body and an immortal mind has fairly begun. The great end should now be to remedy, as far as possible, all inherent defects, and to promote the growth of all possible virtues and powers.

The children should be watched over and guarded and guided with the same jealous care that was (or ought to have been) exercised over the mother during the sacred semester of pregnancy. The youth should be trained after the fashion of the Persians, who taught their sons

to ride magnificently on horseback, to shoot with accuracy, and to always speak the truth; and when these accomplishments were acquired they left them to pursue their mental work in the manner most suited to their individual tastes. Even the ungainly in body, and the disordered and distorted in mind would develop approximate symmetry and usefulness if subjected to such methods with patience and perseverance. "Even in the worst types of mental disease there are some salient and bright spots upon which good influences may act, and against which may be directed valuable curative agents."

"There is some soul of goodness in things evil,
Would men observingly distill it out."

Bright surroundings, pleasant associations, stimulating encouragements, abundant food of the best quality, air, exercise, and sunlight, together with simple direction, not forcing, of the mental faculties, will, in the course of patient time, produce, from even poor stock, such a robust and cultured race as to be the astonishment of those who furnish and mould the material.

And to crown all, we may, I think, be permitted to state that Homoeopathy, from her fruitful mines, has already dug out those motor medicines which are not only of assistance in the cure of disease, but which may, if properly applied, act as mighty stimuli in the growth and perfection of the human body, and as a consequence the clearer and stronger action of the human mind. Such remedies as *Calcarea carbonica*, and *Hepar*, and *Graphites*, and *Phosphorus*, and *Sepia*, and *Silicea*, and *Sulphur*, have here a field for action surpassing any in which they have heretofore exercised a commanding and potent influence. The "tissue remedies," so-called, are, we believe, destined to win triumphs in this new arena which shall transcend all the glories of medical achievements in the past. God hasten the day when we may learn how to wield these mighty weapons against fateful hereditary and acquired degeneracy aright!

"THE EXPERIMENT OF ALLOPATHIC HOMOEOPATHY."*

By JOHN J. MITCHELL, M. D., NEWBURG, N. Y.

The responsibility of furnishing a scientific history of drugs and such an analysis of their powers as will enable the practitioner of medicine to administer them in the treatment of disease, with any certainty as to their action, is a very grave one. The world has been held for years under the rule of authority, and guided by the results of alleged experience. It has only been within the last few years that the law of the "Similar" having been discovered, the true formula has been evolved, by which we may know with certainty what will be the result of drug action, and may prognosticate accurately concerning their use in disease. It is no small matter to be the possessor of such a trust, and we should watch carefully, that the crude theories of the past are not engraved upon the certainties which we have obtained in the practice of medicine. We do not desire to deprive the world of the results of our studies and investigations; indeed, this is already impossible. Books, written by those who scorn the law that Nature has put upon the action of drugs in disease, are filled with extracts from our works and our journals. The extracts are almost always uncredited, to be sure;—and, worse than this, they are so garbled, and so befogged by physiological indications, that if we are not on our guard our law and the wonderful history of cures, which, through its application we have been enabled to pile up, will come into discredit and finally be lost in oblivion. We should not object to these physiological deductions and indications if they were founded upon law and were the expressions of facts. But they are generally but guesses at theories, which are built up with care and labor to-day to be demolished to-morrow. We are per-

haps at fault in the methods we use in our own literature, for we too often find medicines noted as of benefit in certain diseases, and no indications given as to the reasons which governed the prescriber in the choice of the drug. But this is not due entirely to a routine method in the treatment of kindred diseases, but to the fact, that we always, in thought, at least, refer the reader to that great storehouse of facts, our materia medica, for the indications that induce our prescriptions, and it would be almost folly to note them anew with every case. We have a law for the use of our medicines and we have the groundwork of successful treatment in our provings of drugs. While those who attempt to use our remedies in the diseases in which we have found them useful, are constantly failing in their efforts. The object of this paper is to call attention to some of the many instances, in allopathic works of this attempted use of our armamentarium, and to suggest some reasons why such use by those unlearned in our peculiar practice of medicine will surely fail.

There is no better example of this ignorant use of our drugs by the non-homoeopathic world resulting in discredit, than in the treatment of scarlatina by *Belladonna*. After the brilliant results obtained by the early homoeopathic physicians, the idea got abroad that *Belladonna* was the specific for this dreaded disease. In consequence of this it was universally used. After a time, the type of the disease having changed, failure after failure ensued, and now it is scarcely used by our old school brethren. The truth is, *Bell.* was never held to be a specific in any but the one type of scarlatina—indicated in our text-books. The true Sydenham variety having, in brief, a smooth scarlet eruption, eyeballs red and injected, delirium, throbbing in carotids, lips, mouth and throat very red, difficult deglutition, with so hot a skin as to impart a burning sensation to the hand. A host of remedies may have to be studied to find the proper one in cases of scarlet fever not of this type. Among others, *Baptisia*; in the typhoid variety, with ulcers in the throat, fetid breath, dry sore tongue, first reddish but soon with a yellowish brown coating, or

Arum Triphyllum—when the disease seems to be of a malignant type, with putrid sore throat, ulcerated nose—with ichorous discharge from it. *Ailanthus* is indicated in a type of disease very much the same as that of *Arum*, fully as severe; but where the head is more implicated than the air passages, the eruption being livid, pulse small, weak and irregular; skin harsh, hot, dry; vomiting, delirium, and later, petechiae.

Apis mel. should never be forgotten by the Homoeopathic prescriber, in disease somewhat like the last described, but when the skin has blisters upon it, the face seems bloated, and the kidneys are seriously involved, as indicated, then the condition, quantity, and lack of ability to void the urine.

Then there is *Rhus tox.* for the vesicular variety of scarlet fever with drowsy delirium, and dry, dark tongue. And in their places we would find *Arsenicum*, *Cuprum*, *Hyoscyamus*, *Lachesis*, *Muriatic Acid*, *Stramonium*, *Sulphur*, *Zincum*, with many minor remedies filling the complete picture of this determined though not constant disease. Now a school of medicine that can only say "in scarlet fever you should use *Belladonna*," must, from the very necessities of the unchanging law of Nature, fail generally and lamentably in their endeavor to cure their diseases with our drugs. Their alleged claim of being a scientific school is a misnomer and will not always be conceded to them.

Ringer, in his therapeutics says, in relation to its prophylactic power "that it has been recommended as a preventive of scarlet fever, but so much prejudice has been introduced into the discussion of this question, that it is difficult to conclude whether it has any such virtue."

Yet if we read between the lines we find that these writers are incorporating enough of our proving in their

* Read before the State Hom. Med. Society.

works to form a foundation of a creditable structure in the future. As for instance, in regard to this very drug, Ringer innocently remarks: "That there is no doubt but the active principle of *Belladonna* is readily absorbed into the blood as proved by the symptoms. After a considerable dose of *Belladonna* the face becomes much flushed; the eye bright, dry and injected, the pupil dilated, the sight dim and hazy, while the power of accommodation in the eye, for instance, is lost. The mind and sense are peculiarly affected. The ideas at first rapid and connected, become incoherent and extravagant and there is often decided delirium with pleasing illusions."

Sometimes the patient is seized with restlessness, keeps continually moving, and cannot be quieted. The delirium may be furious and dangerous, requiring restraint." This is not from a homoeopathic work, my brethren, but modern and truly enlightened Allopathy. Verily the world moves. In fact, our brethren of the older school, think it begins to move too fast. Certainly, as to the action of drugs is that which they seem most to fear. In an editorial of the *Medical and Surgical Reporter*, for Nov. 23, 1879, the following passage occurs. After speaking of therapeutics in general, the empirical, the physiological, and the etiological, he alludes to the symptomatic, or specific method, saying, "Thus Phillips writes (one of the latest authorities in their school.) Leucorrhœal discharges, attended by pain in the loins, feeling of weariness, depression of spirits, loss of appetite, and derangement of the nervous system are quickly removed by a steady course of *Pulsatilla*." (Save the mark!) "In five-drop doses three times a day." Again: "In chronic coryza when the Schneiderian membrane is of a deeper red than is natural, and when its surface is more or less studded with minute ulcerated patches, with a profuse mucus discharge, varying in color and consistence from thin, clear and starchy to thick greenish and yellow; five drops of tincture of *Hydrastis* three times a day will quickly set up a healthy action," etc.

The writer remarks "There is an air of accuracy and painstaking observation about all this, as well as a definition of promise, which is very attractive, and we are inclined to believe hardly less fallacious. It is too much like reading the CODEX SYMPTOMEN of our Hahnemannian brethren (how does he know?) and the wholesale importation of their crude method of procedure would be a step backward. However, it promises to be the vogue for the present."

The New York *Medical Record* lifts up the voice of warning as follows: "No one can fail to have noted the increased therapeutic range which has of late been given to many standard drugs by simply varying their dosage. We have, indeed, had our materia medica enlarged almost as much in this way as by the actual addition of new remedies. This extension has been made both by increasing and by diminishing the ordinary dosage, and in each case new effects have been produced. It is, perhaps, in calomel, strychnine, and the potash salts that a different or a greater power in very large doses is best illustrated; the employment of minute doses, on the other hand, has been much more extended and has produced more striking results. Thus the use of *Podophyllin* in infantile diarrhoea, of *Arsenic* in gastric irritation, of *Ipecac* as an anti-emetic, of *Pilocarpin* and Dover's powder, and turkish baths in night-sweats, of *Cantharides* in urethral irritations and hæmaturia, according to the range of the particular drug."

"Of course such examples as these are eagerly held up by enthusiasts as proofs of a grand therapeutic law." "It hardly needs argument, however, to show that they do not indicate either a law or even a uniform series of facts. There are but few drugs which have even this peculiar range we have described, and these do not, as a rule, show their best results in their minimum doses. We doubt if *Arsenic* ever becomes popular in gastritis, or *Pilocarpin* in night-sweats, while *Ipecac* is a most unreliable anti-emetic. We need not look for any great

therapeutic triumphs, therefore, in the similia similibus action of the drop posology. There is a physiological law that substances which at first irritate inhibitory centres, when more energetically given, will paralyze them; or what at first constricts a tissue may, later, relax and destroy it. There is nothing new in this law; the only novelty is that we are learning of more agents which, when given in a certain way, illustrate it. These new facts, in regard to minute dosage, are suggestive and often useful, but they indicate no mysterious nor universal law."

The quotations exhibit a strong draft of professional sentiment in the direction of the work of our school, yet how hopelessly they drift among their new found niches is sadly evident.

The action of our old friend, *Glonoine*, under its new name of *Nitro Glycerine* is a fair example of the allopathic use of our drugs. The *Medical Record*, of Sept. 1880, remarks:

"*Nitro Glycerine* has been recently introduced as a remedy for neuralgia. It has given the best results, however, in angina pectoris; it appears to act somewhat like *Nitrite of Amyl*. Two drops of a one per cent. solution in alcohol may be given every three or four hours."

—M. R., p. 308.

"*Nitro Glycerine* in doses of gr. $\frac{1}{15}$ to gr. $\frac{1}{30}$ is highly recommended for seasickness by a correspondent of the *British Medical Journal*, Dec. 1880."—*Medical Record*, Dec., 1880.

In a leading article on "Recent Studies in Therapeutics" which appeared in the *British Medical Journal*, Mar. 13 and 27, 1880, *Nitro Glycerine* is spoken of as a remedy of great value in the treatment of neuralgic affections, and it has been suggested that it should be tried in tetanus, hydrophobia, seasickness, chloroform poisoning, and many other morbid conditions. It is, however, as a remedy for angina pectoris that it will be found most useful. "Dr. Murrell's cases show that, in the treatment of this terrible complaint, it is an agent of the greatest possible value, worthy to be ranked with *Nitrite of Amyl*. It is now in general use in most of our London hospitals, and in many cases it has effected a complete cure. A very striking account of the benefit derived from its employment has been published by Mr. Jameson of Calistot, who suffered very severely from angina pectoris. At Dr. Murrell's suggestion, he began by taking two minims of the one per cent. solution every three or four hours during the day. He always found relief if he took the dose when he felt the first threatening of the attack, and the paroxysm was staved off. He continued taking the two minim dose regularly every three or four hours for four days, and, as the attacks did not trouble him so much, he began to diminish the frequency of the dose, and took it only when he felt an attack threatening. He says: "I always carry an ounce and a half bottle of the diluted solution in the breast pocket of my coat, the bottle carefully marked for six doses, each dose containing five minims of the one per cent. solution. If I feel an attack coming on I apply to my bottle, and at once feel that I am saved from a paroxysm. The action of the medicine seems to commence the moment it is swallowed, just as Dr. Murrell describes. It produces always a feeling of fullness in the head, singing in the ears, and a sensation of pulsation all over, especially in the head, severe at the root of the nose, as if epistaxis were threatened. I do not suffer from headache, and the congested feeling soon goes off. It is a great boon to have a remedy in which you can have perfect confidence that the attacks can be controlled. I have not had any severe attack of the disease since I got the solution and began to take the drug, six weeks ago."

Dr. Murrell's experiments are quoted at large by Ringer in his therapeutics. Phillips in his materia medica gives a more honest history of the drug. He says, "Its physiological effects were first studied by Dr. C. Hering (homoeopathy), of Philadelphia, in 1848, since which time it has been experimented with by many,

who, without exception, confirm the more prominent phenomena described by him."

Pulsatilla has already been alluded to as being admitted into the orthodox materia medica, clothed with its homœopathic livery. A single quotation must suffice. Dr. James I. Tucker, in the *Chicago Medical Gazette*, reports:

"*Pulsatilla* is rapidly growing in favor with many practitioners. Though a very old remedy, having been known to Dioscorides and Pliny, it fell into disuse, if not into disrepute, and was not reinstated till about the beginning of the present century. I have used *Pulsatilla* mainly in simple dysmenorrhœa, and here it has proved of decided utility. Its scope is, however, doubtless much wider. A very prominent lawyer of this city told me, not long since, that after trying the *Bromides*, the *Valerianates* and other remedies of repute for the headaches caused by excessive mental application, he found no relief till he made use of the tincture of *Pulsatilla*. He is now never without it, and uses no other medicine for the cure of his headaches, which I know to be very severe. No such powers are attributed to it in the books to which I have access. This is an exceptional case, it may be, but it is a valid one. The tincture of *Pulsatilla* should be made from the fresh plant, and given with caution. The dose is from three to ten drops."

An allusion to the action of *Cedron* is almost equally crude and inexact. "*Cedron* as a substitute for *Quinine*. Admiral Sapellin draws attention to a bean which is used by the inhabitants of Central America in the treatment of the Cold fever, and which is said to be a good substitute for *Quinine*. Dr. Coignard, who obtained the remedy in Puerto Arenas, Costa Rica, obtained favorable results with it, and as St. Père and Queennel found it even more powerful than *Sulphate of Quinine*. The bean is cut into bits as large as a pea, several of which are given in the interval between the paroxysms. This almond or bean is obtained from the *Simaruba ferruginea*." *Medical Record*, 1880.

It has been discovered by these dealers in second-hand drugs that *Cactus Grandiflorus* is a valuable remedy in disease of the heart. I have not time to even allude to the many references upon this point that I could give. In order to cast obscurity upon the origin of this use of the drug, we find they have taken another plant of the same family from whence they hope to derive their original results.

The *Medical Record*, for Sept., 1880, says, *Cereus Bonplandii* is a Mexican cactus, which is said to be a nerve sedative, and to be especially useful in affections of the heart, organic or functional. Dose of fluid extract m. to m. xxx.

The *Nitrate of Uranium* in the treatment of diabetes is spoken of by J. G. Dale, M. D., of Lemont, Pa., who writes to the *Boston Medical and Surgical Journal*, "that he has found *Nitrate of Uranium*, given in from one to two-grain doses, three times daily, to be efficacious in any diabetes."

By reference to the more recent works upon therapeutics of the allopathic school we find the following drugs incorporated which owe their importance to the investigation we have given them and the provings we have made, and in their histories the diseases in which we use them are more or less thoroughly mentioned. At times a brief account of their pathogenetic symptoms is given, evidently skimmed from our text-books:

Aconite, *Anacardium*, *Arnica*, *Belladonna*, *Bryonia alba*, *Chamomilla*, *Chelidonium majus*, *Actea Racemosa*, *Conium*, *Stramonium*, *Staphisagria*, *Digitalis*, *Dulcamara*, *Euphrasia*, *Gelseminum semper*, *Glonoinum*, *Guaiacum officinale*, *Hamamelis Virginica*, *Helleborus niger*, *Hydrastis*, *Hyoscyamus*, *Ignatia*, *Ipecacuanha*, *Iris versicolor*, *Sabina*, *Nux vomica*, *Physostigma*, *Pulsatilla*, *Rheum*, *Rhus Tox*, *Ruta grave*, *Senega*, *Spigelia*, *Thuja occidentalis*, *Ustilago Maidis*, *Veratrum album*, *Viola Tricolor*, *Bismuth*, *Plumbum*, *Cuprum*, *Antimony*,

Arsenic, *Phosphorus*, *Camphor*, *Cantharis*, and many others.

But now comes the danger to which I have alluded. The drugs are noted in the text-books of the old school. The diseases in which we give them are mentioned. But the indications which we have so long and so thoroughly wrought out, by which in a headache we know whether we are to give *Pulsatilla*, *Belladonna*, *Aconite*, or one of a host of other drugs, are entirely lacking. And when we compare our rich treasury of facts, from which we may glean characteristic symptoms to meet individual cases, we may well be proud of our scientific position, even if we are sad, that the medical world is so slow to avail itself of our labor, or is too ignorant to know how to use it. A few illustrations from "Ringer's Handbook of Therapeutics," published in 1880, i. e., the 8th edition, will exhibit this lamentable lack of certainty most clearly. I quote almost at random.

Bismuth. Many forms of vomiting in children, and notably that kind depending on acute or chronic catarrh of the stomach, yield speedily to *Bismuth*!

Plumbum. The acetate has been recommended in cholera, especially in its early stages! And yet on the second page from this, in speaking of the signs of lead poisoning, he says, there are frequent and severe cramps in the calves of the legs, uterus or penis and scrotum, etc., yet it is never intimated that these last pathological symptoms may guide in the therapeutic use of the drug.

Cuprum. He says, "The copper salts have been given in cholera and epilepsy!" Yes, and if he can discover any drug or combination of drugs that have not been given in these two diseases, he must have sharp optics.

Antimony, he remarks, "is serviceable in chronic bronchitis, when the expectoration is copious, frothy and difficult to expel!" Rather more explicit, but not very accurate. His method of administration is quite satisfactory, however. He directs "a grain of the salt to be dissolved in half a pint of water, and a teaspoonful of the solution to be given, at first every quarter of an hour, then hourly."

Arsenic. "Has been strongly recommended in cholera, especially in the later stages, when there is much collapse."

"It sometimes removes heartburn, and other distressing sensations of the stomach, and is very useful in gastralgia."

Phosphorus, he remarks, "had for many years fallen into disuse, but owing to its signal success in neuralgia, in the hands of homœopaths, it has again recently risen to favor."

He thinks it almost a specific, of less use in sciatica, perhaps, and most efficacious in typical neuralgia, whatever that may be.

Camphor. "Few, if any remedies are comparable to camphor in summer diarrhœa and cholera. It generally checks the vomiting and diarrhœa immediately, prevents cramp and restores warmth to the extremities."

Does it seem credible that, with all the wealth of our literature upon cholera and *Camphor*, a man in this age of the world could write as above noted? I am thankful that homœopathy is not responsible for such platitudes.

Sabina. "It is employed both in menorrhagia and amenorrhœa."

Cantharides. "A drop of the tincture, although five are sometimes required, given three or four times a day, is particularly useful in cases where there is frequent desire to make water."

Veratrum album "has been used with success in the vomiting and purging of summer diarrhœa."

Gelseminum. Of this drug he gives quite a good history, and a very fair proving, separated into sections that might very easily remind one of our materia medica.

Stramonium "produces symptoms very similar to those induced by *Belladonna*."

This will be news to the practitioner of Homœopathy. I would not advise any undergraduate to attempt, on his examination upon the materia medica in a Homœopathic

College, to use the symptoms of the two drugs interchangeably.

Hypocismus. "Useful in delirium tremens where the patient is very violent and irritable, with delirium like that of acute intermittent delirium."

But I must pause. The record is full of promise, if we are faithful to our law, and careful in our proving. But the lesson is to individualize cases, even of the same disease. To avoid routinism, and, if possible, the use of more than one drug at the same time, and lastly, that in our report of cases, we should more carefully specify the symptoms, upon which our prescriptions are founded, reiterating them, again and again, until the world shall know them and the "wayfaring man, though a fool, shall not err therein."

THE OFFICE OF CORONER.

BY CLARK BELL, ESQ.

[AN ADDRESS BEFORE THE MEDICO-LEGAL SOCIETY.]

Mr. President and Gentlemen of the Medico-Legal Society:

I have been asked by your President to lay before the Society my views upon existing laws and procedure in this State respecting investigations into causes of death by violence or sudden death; and whether any changes in our statutes and practice would, in my judgment, be for the public good. The whole subject of the office of coroner, of procedure under the laws regulating that office and defining its powers and duties, has been made the subject of discussion, for a few years past, and has awakened public interest both in England and the various States of the American Union.

The attention of the British public was most pointedly called to it by the admirable address of Mr. Farrer Herschell before the British Science Association, at Liverpool, in October 1876, and public interest in this country soon followed.

The discussion was practically opened in America by an address made by Mr. Theodore H. Tyndale, of the Boston Bar, before the Department of Health of the American Social Science Association, which appeared shortly after in the *Boston Medical and Surgical Journal*, of March 1, 1877.

This gentleman, with the co-operation of a few others and the powerful aid of the State Medical Society of Massachusetts, carried that discussion before that State Legislature in a general proposition to make a complete revolution in their system, which was substantially like our own, as inherited from our English ancestry and traditions which had handed down that strange creation of the past, the office of coroner, and what has sometimes been facetiously called "crown's quest law."

It is not too much to say, that mainly through the efforts of Mr. Tyndale, and of such gentlemen as he could bring to his aid, that discussion resulted in the adoption by the Legislature of Massachusetts of an entirely new system.

The radical changes made by this act in Massachusetts were three-fold—

1. The abolition of the office of coroner;
2. The dispensing wholly with juries on the preliminary inquiry in this class of cases, as wholly unnecessary; and
3. The adoption of a new system, by which a competent medical man took charge of the medical part of the investigation, and an arrangement for proper officials to take charge of the legal and statutory aspects of such cases, when the death was in any wise proper to be made the subject of a legal inquiry, preliminary to final trial of the accused after indictment.

Under this change Massachusetts appointed medical examiners for the several districts of the State, who took charge of the new system, and who were appointed by the Governor and Council; and their labors, collected

by the Medico-Legal Society, of Massachusetts (composed wholly, so far as active members were concerned, of these officials), furnish an admirable view of the results of a peculiarly fortunate attempt in a sister State to provide an intelligent and practicable substitute for an acknowledged faulty system, quite as bad and cumbersome as our own.

A comprehensive view of the subject can best be had by examining briefly the leading objectionable features of our present system before we need consider how we can best remedy them.

THE PRESENT STATUTE POWER—DUTIES OF THE CORONER'S OFFICE.

In this State the coroner is elective, holding his office for three years. They are not required to give bonds, except when acting as sheriff they may be required to do so.

Four coroners are elected in each county in the State and in the city of New York. The mayor designates one to each Senatorial district of that city, and assigns him to duties therein. Coroners must be residents of the county in which they are elected. They may be removed for cause by the governor.

They are authorized to arrest those who disturb religious meetings; to take charge of wrecks and wrecked property, and take measures for the preservation thereof, and of the delivery to the proper owners.

They are empowered to investigate into the origin of fires, by an inspection and inquest with a jury, with proceedings like, in most respects, the inquests in case of sudden death, with power to arrest in case there is found to have been arson, or an attempt at arson, committed.

Whenever a coroner receives notice that any person has been slain, has suddenly died, been dangerously wounded, or found dead under such circumstances as to require an inquisition, the coroner is required to proceed to the place where the body lies, to forthwith summon a jury, of not less than nine nor more than fifteen, to appear forthwith, to make inquisition concerning such death or wounding.

The coroner swears in the jury, summons witnesses to appear before them, presides at the inquest, swearing the witnesses, and reducing their testimony to writing, which is subscribed by the witnesses.

It is the duty of the coroner to summon some surgeon or physician to appear as a witness on such inquest.

The jury then inspect the body, hear the testimony, and deliver to the coroner their inquisition in writing, which the law requires shall contain their finding, as to—

1. How, and in what manner, and when, and where the person so dead or wounded came to his death or was wounded; and
2. Who such person was, and all the circumstances attending such death or wounding; and
3. Who, if any, were guilty of the same, either as principals or accessories, and in what manner.

The finding, or inquisition, of the jury, with the evidence of the witnesses, the coroner is required to return to the next criminal court of record in the county.

The coroner has power, on the finding of the jury that a crime has been committed, to bind over the witnesses to appear, and to issue warrants for the arrest of accused or suspected persons.

In case of the absence or inability of the coroners to act, in the city of New York, any alderman or special justice may act in his stead, exercising the same powers and duties as the coroner.

Special legislation has been enacted from time to time for the city and county of New York, making the practice there different from other parts of the State, and containing many objectionable provisions mixed with much that is good and commendable.

The law makes it the duty of the coroners to hand over to the treasurer of the county all moneys or valuables found on the bodies of persons on whom inquests

have been held, which have not been claimed by the legal representatives, within sixty days after the inquest has been held.

The law makes no requirement as to professional knowledge or skill for the incumbent of the office, and does not require the coroner to summon a surgeon or physician who has superior knowledge as to the matters involved, leaving it wholly in the discretion of the coroner as to what surgeon or physician he may call, except in the city of New York—and calls him when summoned simply as a witness and as other witnesses are summoned before the jury.

The governor has power to remove for misconduct in office, on charges.

By analyzing our present system we will observe that if the object of an inquest should be to detect the existence or commission of crime in cases of death by violence or sudden death, it is not, as our law is now constituted, adapted at all for the purpose.

1. Of what practical good is the verdict of a coroner's jury on an inquest in such a case?

Is it binding or even influential, on the accused, on the grand jury, or on the final trial? Everyone knows that it is not.

It is quite true to say that it is a useless and unnecessary expense to summon jurors in such cases; and in no case can it help the State or the accused, on the final trial which must still occur before conviction.

We cannot be too jealous of the right of trial by jury, but in all cases under our existing law, two juries must agree before any person can be convicted of crime, without counting the coroner's jury, viz., the grand jury which presents the indictment, and the jury on the trial of the accused after indictment; so that the abolition of the jury on the preliminary inquiry, and a change as to who shall make the inquest in its stead, is not in any true sense an infringement upon the right of trial by jury, which in all cases would exist if the proposed change was made.

It is a useless hardship on the citizen to be liable to be called on a coroner's jury; and the work of investigation can be done much better and easier by competent medical officials to investigate the medical questions involved, and holding them responsible for the work, carefully guarding by every precaution for a thorough and practical examination, and by proper judicial officers, that part of the business which requires legal proceedings, adjudication, or decision as to whether a crime has been committed.

There can probably be no more startling evidence of the utter uselessness of a coroner's jury than the statement of this fact: That whatever may be the verdict in a given case, the subsequent indictment, trial, and entire judicial proceeding, is absolutely independent of it, and proceeds as if the coroner's jury had never acted at all.

The object of an inquiry when a sudden death has occurred should be to inquire into the cause of the death. Did it proceed from natural causes? If not, from what cause, and has a crime been committed? That is, and should be, the full scope of such an inquiry.

That such an investigation is proper, preliminary to a formal accusation is certain, because it determines, or should do so, that no trial is necessary if the death is not by violence or is due to natural causes; and it is due to all that an intelligent and careful scrutiny should be given by competent persons in all cases, whether doubtful or not at first.

Whether death has resulted from other than natural causes is usually a matter to be determined by a careful, competent, and thorough medical examination.

Whether a crime has been committed is not a medical question; it is rather a legal one.

What is, therefore, most needed, at once, in all such cases, is a formal and careful medical examination by a perfectly competent medical man, upon the first inquiry, and to decide upon the facts by a careful scientific inquiry as to the cause of death.

The Massachusetts system provides an officer for that duty, and requires him by the terms of the law to be "an able and discreet man, learned in the science of medicine," to be even eligible to hold the office.

The law compels this learned and competent officer to examine the body, and if, on such examination and after personal inquiry into the cause and manner of the death, he deems further examination necessary, he shall, on the written authorization of the district attorney—or other competent judicial authority—proceed in a specified, careful way to make an autopsy in the presence of at least two discreet persons, and then *and there to carefully reduce to writing every fact and circumstances tending to show the condition of the body and the cause and manner of death, together with the names and addresses of said witnesses, which he shall subscribe, and for which he is, of course, officially and professionally responsible.*

If on this inquiry this officer, after such examination, autopsy, and certificate, shall be of the opinion that the death was caused by violence, he is commanded to notify the competent judicial authority, and file his report and certificate with the court, who shall thereupon proceed to investigate whether a crime has been committed—which is a legal or judicial question—under certain provisions of the law and under due legal forms, with all the force and effect of a judicial proceeding.

Under our present system the coroner can call in any medical man, whether he is skilled in the examination required or not, in most counties of the State.

What is the necessity and value of a jury's opinion, or verdict, upon the medical question as to whether the death was by violence or from natural causes; or on the second question as to whether a crime had been committed, which is a judicial question; and how much more valuable would be the carefully-prepared written statement and autopsy of the competent medical man, as a permanent record in the case; or the finding of the competent judicial officer, upon evidence, in case and where it is held that a crime has been, or even probably has been, committed, with the careful record of the facts and circumstances attending the death?

The opinion, report, and autopsy of the medical man upon the medical question is valuable throughout the whole case, and in all subsequent phases of it.

The report, evidence, and finding of the judicial officer, as to whether a crime has been committed, is also of value; but the verdict of a coroner's jury on either question under our existing system seems practically absurd, and experience has shown it to be both meaningless and valueless. Then why continue it?

There is no race of men more wedded to their traditions, past, and precedents, than the Anglo-Saxon and their descendants.

We inherit that peculiar trait of English character which makes us cling to the things and ways our fathers had and did before us.

We are the last to see the absurdity of an old thing, gray with age, though quick to find it a new.

With the venerableness of the office of coroner we have little to do, but it is a source of absolute wonder how such an absurd and valueless office for the detection of crime should have continued through all these centuries.

So far as his duties in case of acting in the place of the sheriff, or against the sheriff, or in regard to matters of wrecks, deadlands, and forfeitures to the crown, which were his ancient duties, these are now obsolete, except in regard to the sheriff and powers in certain other cases which would be wisely placed in some one officer in a county, but beyond that there is no use or necessity for such an officer as the statute makes our present coroner; and the progress of events and civilization demand for us a change in this part of our system.

Before proceeding to examine into the system and practice of other countries, it might be well to ask you to look at some of the fatal defects in our present system.

1. There is no existing provision compelling a careful and proper medical examination and autopsy, the absence of which in doubtful and difficult cases might result, and frequently does, in the entire defeat of justice.

If an autopsy is to be taken at all in a given case, it is usually of great importance that it be promptly done, and by competent medical authority.

It would not be enough that our system provided for an autopsy. It should, in all cases when the circumstances seem to require, compel it, and provide how it should be made and what it should certify.

2. Again, any citizen is now eligible to the office of coroner, and no precaution or safeguard is had under the law to secure an officer who is either competent to conduct the medical examination or to conduct the legal inquiry.

Most lamentable cases of ignorance of this official fill our books, and occur on all hands in practice.

The history of criminal jurisprudence in our country, as well as of England, is full of cases where most serious consequences result from the inexperience and ignorance of incompetent persons taking charge of the medical investigation as to the cause of death, or the later legal inquiry whether on the shown medical facts a crime has been committed.

In extremely doubtful cases when crime has been committed, as, for example, by poisoning, especially when very difficult to positively detect, the present system of inquest would, or might, actually prevent detection and subsequent conviction, by not having the proper medical examination and autopsy, which, if properly taken, would have insured detection.

The heart, lungs, stomach, intestines, and liver frequently are decisive witnesses in such cases; and how would such an examination and autopsy have prevented the terrible consequences of an innocent person accused of poisoning by suspicious or jealous relations or enemies, being placed on trial, and, as we know, actually convicted of a crime they never committed or contemplated?

These delicate, difficult and doubtful cases, when nothing but the highest character of scientific knowledge and critical examination at the time of the occurrence would detect the crime, are, of course lost; and the guilty escape: and these cases the books do not show, because the real facts and circumstances do not appear, and the real record is never made.

3. The existing statute in failing to secure a competent officer to conduct the medical examination thus shown to be indispensably necessary, in every case where a crime has been committed, or even to determine whether the death is probably from natural causes, is as faulty in making no provision for a competent official to conduct the necessary legal inquiry, as to whether a crime has been committed, in those cases where the death is clearly from violence, and not from natural causes.

The existing statute throws this inquiry upon a jury, who, in the nature of things, cannot determine it judicially, and who can only conduct an inquiry by competent evidence, with an official presiding who is not required by law to be competent to conduct such an inquiry.

And we have gone on thus for centuries, taking the verdict of coroners' juries in these cases—absolutely valueless judicial farces, oftentimes attended with lamentable and fatal results.

In the case of William Simmons, charged with homicide, the coroner's jury, on a full hearing, pronounced the killing justifiable homicide, the prisoner having been assaulted by the deceased with a deadly weapon, who defended himself with a knife, killing his assailant while in a death struggle on the floor.

The court, however, on the trial, held against the use of a knife, even in such an extremity; and Simmons was convicted. But the governor pardoned on the merits, though the sentence was nearly out.

The verdict of the coroner's jury had not the slightest legal force or effect. Provision should be made, therefore, in the law regulating such investigations for a competent judicial proceeding before a competent court and officer, which should be a proper, legal, and necessary step toward the trial itself.

This is secured under the new Massachusetts law by directing the proceeding to be taken before a justice of the district police, or municipal court in which the body lies, or a trial justice, which is conducted for the State by the district attorney of the county, or by some person designated by that officer.

4. If the existing law could be amended by dispensing with a jury in such cases, providing for a competent medical officer to conduct the preliminary examination under distinct methods that would secure a record of these necessary medical facts, to answer fully the medical inquiry, with a proper provision for the examination before a competent judicial tribunal in case the preliminary medical examination made that necessary, or probably so, it would be a great gain on our present system, even if we called the medical officer by the old name of coroner. But there are so many absurdities under that system that it would doubtless be wiser, if it was decided to make a change, to abolish the office of coroner altogether, and provide for the new system by appropriate legislation, and attach those duties in respect to sheriffs, wrecks, etc., to some other office, as, for example, the district attorneys in counties, or even the county treasurer, or perhaps for constitutional reasons to leave the coroner to discharge them when occasion arose.

The reform needed in our system may be summarized as follows:

1. The abolition of the coroner's jury, or of any jury on the preliminary investigation, as useless, expensive, and not calculated to either discover or detect the commission of crime, if one has been committed, nor the best method of determining whether the death was by violence or from natural causes.

2. Such a change of our existing law, as shall place the examination of the preliminary medical inquiry as to whether the death is due to natural causes or by violence, in charge of a medical man, of special knowledge on such subjects, who shall be obliged to conduct an autopsy, with power to call witnesses, and to make a scientific record of the facts and circumstances of the case, substantially like that provided under the law of Massachusetts.

3. The proper method of conducting the legal inquiry as to whether a crime has been committed, if the report and examination of the medical examiners make it necessary, and defining the proper officer to conduct, and the tribunal to hear and decide it.

The district attorney of the county, or some person to be designated by him, would probably be a perfectly safe provision in our State.

Courts of justices of the peace in the various counties, and of the police justices in the cities, would be the proper judicial tribunals under our system, as constituted; they are competent to take charge of such proceedings, which would, of course, be a legitimate preliminary step for the discovery and punishment of crime in all cases.

4. If a medical man was not selected to take charge of the preliminary inquiry, as in Massachusetts, and the whole inquiry placed, as in France, in charge of a legal officer who should be of the degree of counselor at law; then, that competent medical men, selected by reason of their training and skill in this class of cases, should be designated by competent authority, such as the county judge in counties, and the chief justices of the supreme, superior, and common pleas in cities, of sufficient number to do the work, acting upon a salary, and sworn, as public officers, to act upon their best judgment, honor, and conscience in such cases, when called by the district attorney or other officer conducting the legal proceeding.

For practical work I believe the better change, considering our system, would be the adoption of the Massachusetts plan. It has been tried there, it works well, it could easily be carried into effect, would, I think, give greater public satisfaction, and be of greater public good.

The important obstacle is the question of how the medical examiners should be selected.

Under our system of elections how could we so frame the law as to have these officers selected by reason of their professional fitness for the place, and without reference to political considerations?

If thought dangerous to make the office elective here, it would certainly be safe to make them appointed, either by the governor, by and with the advice and consent of the senate, or by the county judge in counties, and the chief justice of the common pleas in this city, an office analogous to that of county judges in counties.

If the appointments were made by the governor and senate, there would be danger of political considerations influencing the appointments, rather than the peculiar fitness of the man for the office, which, perhaps, might be guarded against in the law itself to some extent.

The success of the Massachusetts plan has been due to the care the governor has taken there to select men for their peculiar fitness for the office, and wholly ignoring the political affinities of the men selected.

Governor Long, of Massachusetts, is entitled to the highest praise for his action in this respect, and his predecessor also; and if we could be sure of similar action by our executive, I know of no safer way than to allow the executive to appoint; but with past experience, it would doubtless be safer to give the appointment to the county judge of counties, and provide in the law that the appointments shall be made without regard to political considerations, and wholly and only by reason of the competency of the officer, by his education and training for the office.

THE CONSTITUTIONAL QUESTION.

There are those who seek to avoid the discussion of this question on its merits, upon the ground that the coroner is an officer created by the constitution, and cannot, therefore, be abolished.

There are two ways of regarding this objection:

1. If it was true that the defects of our present system could only be remedied by an amendment to the constitution, it would be a perfectly proper subject of discussion, to inquire whether the public good would be subserved by such a change, and then take the proper course to change the constitution by amendment.

Our duty now is to inquire whether a change is desirable, and to carefully investigate the subject on its merits; to examine how the Massachusetts system works; to examine such proceedings in other countries; and to determine what is best for us, in this State, to do in such matters. The people will never find difficulties they cannot surmount, if they decide to change any question, even if it is constitutional.

2. To my mind, however, no amendment of the constitution is necessary to effect the proposed reforms.

While the constitution provides for the election of four coroners in each county of the State by the people, the powers, duties, and all the authority of those officers are such as are given by the legislature in laws enacted from time to time upon these subjects.

It is absolutely necessary that some officer should be designated to act as sheriff in cases where the sheriff was incompetent to act, by reason of being a party.

The provision as to wrecks, investigating into the cause and origin of fires, are good provisions, and the coroner's office might remain to take charge of these cases when the occasion arose.

Legislation which took from the coroner all control of, or connection with cases of death by violence, or sudden death, and providing new officers and methods, could be passed without conflicting with the constitution, by a simple repeal of certain existing statutes, and the pas-

age of acts conferring these powers upon officers to be appointed by competent authority.

The abolition of the coroner's jury is certainly not in conflict with the constitution.

The creation of an officer charged with defined duties, and powers, in matters of this kind, is certainly not in conflict with the constitution.

The power of the legislature to define and extend the powers and duties of coroners involves the right to diminish their powers and duties, as well as to enlarge them; and if the whole business of inquests and conducting investigations in the class of cases now under consideration was taken by legislation from the present coroner and placed either under such a system as that adopted by Massachusetts, or in vogue in France or Germany, the coroner's office would still exist; but with restricted powers; and the constitution would be inviolate.

CLINIQUE.

HOMOEOPATHIC HOSPITAL, W. I.

REPORTED BY W. A. DEWEY, M.D., HOUSE PHYSICIAN.

DIAGNOSIS—EMPHYEMA AND SUPPURATIVE HEPATITIS.

A. McP., aged 49, single, admitted Dec. 16, 1890.

Previous health.—Has been hereditarily predisposed to gastro-intestinal disorders. Menstruation has always been regular, until about a year ago she had one or two attacks of metrorrhagia; the last attack was in May. Has also been troubled with an abundant bland leucorrhœa. Has been a hard-working woman, drinking little, without sexual excess or specific taint.

Present disease.—On the 8th inst., after working hard several days, washing and ironing, and being exposed to sudden changes in temperature, she was taken with a sensation of chilliness, followed by general febrile symptoms, an acute, sharp, piercing pain in the left side, which was aggravated from any inspiratory movement, or from pressure. On the 10th she was taken with a severe, prolonged chill, a short cough and an increase in the intensity of the chest pains.

Present condition.—Expression is decidedly that of anguish, and in talking she speaks in a whisper, and by jerks and starts. All motion is attended by sharp outcries of pain. She lies on the affected side (left), moaning and groaning constantly. Pulse 114, not very weak though small. Respiration is hurried, superficial, and arrested before inspiration is completed, with moaning on expiration. Temperature $102\frac{1}{4}^{\circ}$. Tongue is coated dirty white down the centre, with red edges and tip. She has constant thirst and dryness of the mouth, drinking often, but by sips, preferring milk or tea to cold water, as it causes epigastric distress. No appetite; food often causes nausea and vomiting. She complains of epigastric pain and sensitiveness to pressure, also a soreness across the abdomen from side to side. Her bowels, which were first constipated, then regular, are at present quite loose. Urine scanty and high-colored; skin is hot, with occasional partial sweating; as a rule, however, harsh and dry. Sleep is almost impossible, and if she dozes off, the least movement makes her start up with an outcry. Her mind is much distressed; she feels sure she is about to die; is in great anguish, and constantly wants some one near her. Cough is almost wholly absent, and the occasional hack which she has is dry, or accompanied by slight expectoration of white, frothy sputum.

Physical examination.—Expansion good in apices, and also in lower regions of right side. Respiration superficial and interrupted. On the left side inferiorly, expansion is almost totally absent. There is, moreover, on this side, distension of intercostal spaces.

Palpation.—Vocal fremitus about normal in apices, also nearly so throughout right lung, but entirely absent in lower portion of left chest, extending posteriorly.

Percussion shows slightly exaggerated resonance of upper lobe of left, and entire right lung. On the left side dullness, beginning anteriorly at nipple and posteriorly at inferior angle of the scapula, and as we descend from this, complete flatness is reached; this is slightly, though not markedly, altered by change of position.

Auscultation gives puerile breathing in apices, and normal sounds in inferior portion of right lung, with the exception of being jerky as they are interrupted by pain, near the completion of inspiration. On the left side as we descend, the sounds grow weaker, and are finally lost, the same being true of the heart sounds as we descend and go to the left. Vocal resonance is somewhat intensified in the left apex and normal in right lung; diminished and lost as we descend on left side. Heart apex beat is far to the right; action is intensified and quickened, but no murmurs. *B Bry.*

Dec. 18. Patient passed a comfortable night, and has been comparatively free from pain, except on deep inspiration; is still very weak, though able to take considerable nourishment. Temperature $101\frac{1}{4}^{\circ}$ in A. M., $102\frac{1}{2}^{\circ}$ in P. M. *B same.*

Dec. 20. Slight improvement. Patient lies in a comfortable position on back; any motion causes pain. Tongue coated yellow; slightly yellowish color of the skin; some nausea; dry cough aggravated by least draught of cold air; stretches through both sides. Temperature $101\frac{1}{2}^{\circ}$ A. M., 108° P. M.; pulse 112. *B Hepar.*

Dec. 24. Patient is in much less pain on left side. Region of the liver is very sensitive; is considerably jaundiced. Thick yellow coating on tongue. Bowels inclined to be loose, and occasionally has chilly feelings. No appetite, but considerable thirst. Temperature 102° . *B Phos.*

Dec. 30. Surface of body feels cool; has a severe cough, which sounds loose, with inability to expectorate; a suffocative feeling. Auscultation gives bubbling râles over apices of lungs. Patient is very weak; rapid, quick pulse. Temperature 103° . *B Ant. tart.*

Jan. 4, 1881. Is feeling much better, can raise much easier, and is somewhat stronger. The expectoration is profuse, and of a greenish hue. Has no pain in left chest, but suffers on motion severe pain in the hypochondriac region. For the past week the morning temperature has been from two (2) to three (3) degrees lower than the evening temperature. *B Bry.*

Jan. 10. Patient is very weak and restless, continually changing her position in bed; has still some pain, but this does not seem to prevent her moving; has great thirst, but only takes a sip at a time; desires warm drinks. *B Ara.*

From this time patient gradually lost strength; her body at times being bathed in cold, clammy sweat. Her temperature in the morning was sometimes as low as 97° , while the evening temperature would reach $103\frac{1}{4}^{\circ}$. This gradual sinking of the vital forces culminated in death from asthenia, January 18, 1881.

Autopsy.—January 19, 1881, 16 hours after death. Emaciation marked. Rigor mortis, slight. Pericardium normal. Heart normal, pulmonary artery and right auricle contained ante-mortem clots. Right pleura normal. Right lung increased in size, slightly emphysematous; weight $16\frac{1}{4}$ ounces. Left pleura greatly thickened and adherent at apex, both anteriorly and posteriorly. Contains in its cavity three pints of a straw-colored fluid, about the consistency of cream, and containing floculi of lymph. The inner surface of the pleura appeared roughened and lined with a pyogenic membrane. Left lung: lower lobe was compressed into a small solid mass, showing no indication of containing air. Upper lobe was somewhat oedematous and congested. Weight 12 ounces. Upon opening the abdominal cavity there was a considerable flow of pus, which came from a small abscess situated on the upper surface of the left lobe of the liver and on the stomach, extending down into the omentum. This abscess was formed

by burrowing of pus from the pleural cavity through the diaphragm, and was lined with a pyogenic membrane. The antero-posterior diameter of the liver was much increased in proportion to its transverse. The surface of right lobe somewhat nodular and roughened. That of the left lobe marked with a large depression which contained the sac of pus above referred to. Capsule of liver adherent, and upon stripping off portions of it, the surface is seen covered with irregular white spots. Right lobe upon section is much congested, and contains numerous small cavities full of pus. Some of them contained healthy pus, others contained a dark reddish brown substance resembling pus mixed with bile. These cavities varied in size from a pea to a large marble. The other portions of the liver contained spots of softened tissue, and throughout the entire organ there was more or less purulent infiltration. The remaining viscera were normal.

SOME CLINICAL USES OF RHUS TOX. By DR. VANDEN HEUVEL. (From A. H. Z. Band 96, p. 174. Ex. "L'Homœopathe Militante, No. 3." Trans. A. McN.)

1. CRUSTA LACTEA (Eczema Faciei).—After observing a tolerably large number of cases, I came to the conclusion that those affections on the skin which appear in the form of Erythema simplex, with a mealy desquamation of the epidermis, are best cured by *Dulcamara*. While those of a more inflammatory character, produced by a too nourishing diet, and accompanied by gastric symptoms, fever, itching, particularly towards evening, spreading over the lower part of the feet, hands and around the eyes, with erythematous patches over the body, yield after days to the internal use of *Rhus* and softening washes. Strict diet must accompany the medication.

In these cases of Crusta lactea the conjunctiva frequently participates in the inflammation; I have even observed a cloudiness of the vessels of the cornea in one case. This complication does not demand any other treatment than *Rhus*.

2. INSOLATION.—A painter came into my consultation-room with a brownish red eruption, looking like the crust of brown bread, extending from the hair over the face and neck, down to the collar of his shirt, caused by exposure to the heat of the sun. It had begun with innumerable small vesicles filled with a yellow fluid. The itching was intolerable. He looked like a small-pox patient during the period of desiccation. I gave *Rhus* internally, and three drops of the tincture in 180 grammes *Aqua dist.* as a lotion. After three days all the crusts had fallen off, and the redness of the face and neck was all that remained.

3. BURNS.—A child fell upon a red-hot lid, burning both legs. The wound, 10 centimeters in diameter, was covered with blisters, containing a yellowish watery serum. After letting out the contents, I ordered the parts to be bathed with almost warm water day and night, which contained 6 drops tincture of *Rhus*, and a few drops of *Glycerine* to the litre. The wound healed in 10 days without secreting pus.

In extensive burns one may use full baths of warm water, to which is added a proportional quantity of *Rhus* tinct.

Whoever tries *Rhus* in burns will be surprised at the simplicity of the treatment, and will not hesitate to employ it in deep and extensive cases.

In the shock to the centres of life, the heart, lungs, and brain, give *Rhus* internally.

It is much better to apply warm water than cold, which causes violent pain, which, together with the pain of the burn, contributes to produce those nervous and febrile manifestations which are so often seen in these cases. Cold water is applied with the purpose of suppressing the active reaction. Warm water is applied without pain, and removes the violent burning.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

THE TRUE PHYSICIAN.

In these days of International Societies, True Hahnemannians, and Rolls of Honor, when a few men draw a circle around medical tenets which they look upon as of divine origin (although many of them the coinages of their own imaginations), and from within this sacred circle, as from an impregnable fortress, hurl the taunts of mongrel and renegade against all those who cannot repeat the shibboleth of their peculiar medical faith, it may not be amiss in the TIMES, from its conservative standpoint, regardless of the din with which the air is filled, the cries of regular and irregular—and I am of Paul and I of Apollos—to state its convictions as to what constitutes a *true physician*.

We seek no quarrel with any class of our professional brethren; and while we have our own strong convictions, and are at all times ready to give a reason for them, we wish to treat with respect and courtesy the honest belief of others, differing from us though it may. We simply insist that so far as great principles are concerned they shall be fairly and clearly presented, and called by their right names; and deny the right of any man or set of men to tack on to a principle which has been clearly and distinctly formulated, theories having no legitimate connection with it, and which by no process of reasoning could be evolved from it.

Similia similibus curantur conveys its own meaning to the intelligent mind clearly and distinctly, and the believer in it who gives it its proper place can in no sense be charged with sectarianism. It is a great principle in therapeutics to guide us in the study of the action of drugs upon the human organism, and their proper selection in disease. It lays down no rule that every drug shall be given singly, and never in combination or alternation with others; it makes no reference to dynamization and increased development of power by succussion and trituration. The only legitimate conclusion which can be drawn from the principle is, that the drug must be given in sufficient strength

to control the disease without injury to the system. The drug is given with this end in view, its primary and secondary action being fully understood. If more is given than is required to meet the diseased condition, not only may the disease not be controlled, but positive injury may result to the system. If too little is given the disease goes on unchecked. If ten or twenty grains of quinine are required, or five drops of aconite or belladonna, or twenty grains of iodide of potash, or a quarter or half grain of *proto-iod-Merc.*, to meet the peculiar diseased condition—a condition similar to which the drug would produce—the man is a true physician, who meets the demands of the case, and prescribes for it intelligently. He is equally a true physician if, the peculiar conditions of the case pointing to minute doses and attenuated remedies, he prescribes them. The law of similars stands out clear and distinct. The dose must be left to the careful study, the intelligence and good judgment of the prescriber, aided by all the light which science can bring to bear upon the subject. It is natural to suppose that every man will care more for curing his patients—inasmuch as success involves reputation and pecuniary prosperity—than for the triumph of any individual theory, and travel the path—which the conscientious will always do—the most likely to insure that permanent success which can only be based on true merit.

We stand on the broad ground of non-sectarianism, believing that the law of similars should occupy an important place in the great system of medicine; that it should be stated clearly and distinctly, in its naked beauty and simplicity. We do not believe that the art of medicine can be encircled by a single theory or covered by a single dogma. A true physician is broad and liberal in his ideas, and charitable to all. Looking upon the possibilities of his profession as boundless as the development of science, he constantly strives to keep in the front rank of progress, eagerly and gladly receiving facts coming from any source. In this path the TIMES has walked and will continue to walk.

INCREASE OF SUICIDE.

Two great factors are to be considered in discussing the cause of suicide: First, *mental aberration*; and second, *cowardice*. The border land of insanity is so indistinct that it is often difficult to determine where sanity merges into insanity. Sometimes the mental aberration comes like a thunder-peal from a clear sky, the working of some hereditary taint or poison of some acute disease suddenly dethroning reason. At other times the mental aberration is so slow in its first development as hardly to be perceived until some great crisis is reached, when we can trace back through peculiarities which seemed mere eccentricities of character the slow but steady disorganization of mind. Illusions, at first, perhaps, harmless and easily dispelled, are followed by others which hold the entire being in a grasp of iron, until all moral responsibility fades away before the settled determined power which leads him on even to the taking of his own life.

It has been argued by many that self-destruction presupposes sufficient mental aberration to relieve from moral responsibility; that no man in his sane and sober senses would take his own life. A careful study of character, we think, will show the incorrectness of this position. A person may be brought face to face with a great crisis from which there seems no escape. It may be the sweeping away by some financial storm of the profits of a life's labor; perhaps a sudden unveiling of the inner workings of a life apparently honest but in reality corrupt and stained all over with crime; the crushing weight of poverty from which no relief can be seen; the bitter poison of the calumniator meeting him everywhere; the slow progress of disease, with physical pain with no hope of relief; any of these causes may be sufficient to turn the hand upon its own life and seek relief from the present in the uncertainty of the future.

There is none of that insanity in all this which relieves from moral responsibility, but simply a cowardice—the lack of self-control, of strength of will—which trembles and flies from misfortune, instead of bravely and fearlessly meeting the issue with a courage increased by suffering and strengthened by disease, and a determination if errors have been committed to wipe out the stains and darkness of the past in the brightness of the future.

In looking over the statistics of suicide, we are struck with the fact that there are comparatively few suicides in those countries where the greatest efforts are made to compass the most happiness for the greatest number, whereas they are fearfully numerous among the despotism of the East. Careful statistics in all the countries in Europe show a steady increase in suicide. In the United States there is apparently no increase when we take into consideration the immense increase of population; our wide extent of territory, the demand for every variety of labor, and the absence of some of the oppressive features of foreign governments, account to a certain extent for the more favorable statistics in the United States.

The quota of suicides furnished by each million of inhabitants being taken as a basis of comparison, it is found that the number of cases was augmented in Austria, between 1800 and 1878, by from 70 to 122 annually; in Prussia, between 1820 and 1878, by from 71 to 133; in Denmark, between 1836 and 1876, by from 213 to 250; and in the minor German States, between 1835 and 1878, by from 117 to 289 each year. In France, during the period from 1837 to 1877, the increase in the number of suicides has been from 52 to 149 annually; but, as might be expected, Paris and the larger cities furnish a contingent greatly in excess of their numerical importance. It is seldom that a French peasant commits suicide. So, too, in Belgium, where much of the land is minutely subdivided, and where there is, as a rule, ample employment for labor, the instances of self-destruction have been increased, between 1831 and 1876, by only 39 to 68 a year. Similar returns are forwarded from Sweden and Norway, where the increase was but 39 to 80 a year during substantially the same

period. It seems, at first sight, paradoxical that in Italy there should have been the least increase in the number of suicides, viz., by from 30 to 37 annually between 1864 and 1878. There is no doubt, however, that for the educated classes the best restraints upon self-murder, to wit, hope and opportunity, have been bountifully furnished by a free and united Italy. On the other hand, the agricultural laborer, on whom the inordinate burden of taxation presses most severely, is withheld by his religion from seeking relief in death from almost intolerable hardships. The influence here ascribed to the Catholic priesthood is confirmed by the fact that fewer suicides occur in Spain than anywhere else in Europe.

The carefully-gathered statistics of Prof. Mobaselli, covering over many years, shows not only the hereditary tendency of suicide, in which cases we may suppose cerebral derangement, but also the check imposed on the suicidal impulse by the ties and responsibilities resulting from the domestic relation. Taking a million of each class as the field of inquiry, he discovered that, of married men having children, only 205 committed suicide; whereas, of widowers without children, no less than 1,004 destroyed themselves. Women have much more courage, and bear up more strongly against adversity than men. In Europe and this country they very seldom take their own life, more especially if they have children. Prof. Mobaselli found that in Europe, out of 100,000 married women with children, there were but 45 cases of self-destruction; whereas the number rose to 283 out of women widowed and childless.

The infrequency of female suicides in Europe and America as compared with Asia, is a telling commentary on the hardship of woman's lot in the East. In India the number of women who kill themselves is more than double that of men, and the percentage is still greater in Japan, where a married woman is condemned to hopeless drudgery, and where the husband's power of divorcing her, from caprice and separating her permanently from her children, robs her of the last tie on earth.

The crushing weight of a compulsory military system in Germany accounts to a very great extent for the large number of suicides in that country. In Berlin over 800 persons annually commit suicide, and in the whole of Prussia 4,330 died last year by their own hands, being an increase of thirty per cent. over the preceding year. In all the progress in that country there is but one in which the female suicide exceeds the male, and that is literature. In reviewing the statistics of suicide, we find the largest number in Germany, whose government is a military despotism, whose people are among the best educated in science in Europe, but who have drifted away from the old landmarks of religious belief into the uncertainties of materialism and infidelity. In Spain and Italy, where there is as much poverty and far less education, the strong hold of a religious faith, which looks upon self-destruction as a crime, reduces the number of suicides to a minimum.

MEDICAL DEPARTMENT OF THE ARMY.

From the annual report of the Medical Department of the Army, we learn that great progress has been made in the Medical and Surgical History of the War, the fifth volume of the whole work now going through the press. To satisfy the constant demands made upon the department from all parts of the country for this work, a bill has been introduced into Congress authorizing the printing of an edition of 50,000 of the four volumes already published. Additional contributions to the work have been obtained, which will greatly increase its value, in 5,889 cases of injuries. The third surgical volume will be carefully illustrated, one hundred and seventy-eight drawings and cuts having been prepared, to illustrate as fully as possible the most important subjects.

The Army Medical Museum is justly looked upon with pride by the profession throughout the country; and we are glad to see that a careful catalogue has been made during the past year of its rich contents. The total number of specimens now on hand is 23,096, there having been added during the past year 538 valuable specimens. One of the most interesting parts of the museum is the microscopic section and that of comparative anatomy, and here much and excellent work has been done. Seventy-six negatives and 1,115 photographic prints of surgical subjects have been made, presenting the subjects with much more accuracy and completeness than could be done in any other way.

Accurate measurements of one hundred and forty-three human crania, and of twenty-two human skeletons have been made. The interest taken in the museum by the visitors to Washington is seen in the 84,111 names which have been written in its register during the past year.

The Medical Library numbers 51,500 volumes and 57,000 pamphlets. There were added during the past year 2,500 volumes and 3,500 pamphlets; and it is probably one of the most full and complete libraries pertaining to medical science in the world. The ablest works of all Schools are found upon its shelves.

The Index Catalogue, the first edition of 1,500 copies of which was printed and sent out last summer, is something more than an index. It is so full that the student will have no trouble in going directly to any special subject in the vast library, upon which he wishes to obtain information. The first part of Vol. II. of this index has gone to press, and an estimate has been forwarded for printing Vols. III. and IV. Every physician is interested, not only in securing the appropriation for the completion of this work, but also in increasing the size of the edition, and thus placing the riches of a great library within the reach of the whole profession. Congress should at once take steps to place the museum and library in a fire-proof building. Material is collected here, especially in connection with the war, which if once lost could never be replaced.

There are now on active duty on the Medical Staff one hundred and sixty officers, with eighteen more on ordinary sick leave. Some idea may be had of the severity

of the examination for Assistant Surgeon, when we state that of the one hundred and forty-four candidates who were examined for that position last year only twenty-one were found qualified. There are now nine vacancies in the grade of Assistant Surgeon. The position offers the advantage of small but sure pay, and, in time of peace, but little labor, and is not one, we should think, which would offer much inducement for an ambitious man.

STATE SOCIETY MEETINGS.

One could not have listened to the useless hair-splitting debate on the question which resulted in the admission of the Tompkins County delegate to the deliberations of the Society, without regretting the possibility of such profligate use of valuable time. The whole subject of orthodox medicine was discussed at great length, without the slightest benefit to anyone. On the whole, the papers presented were quite acceptable, but elicited very little discussion, for sundry reasons.

The address of President Wright, on the evening of the first day, upon the subject of the "Heredity of Crime and Pauperism," was a most instructive and practical effort, and this, together with the paper of Dr. Talcott, read upon the same occasion, entitled the "Insane Diathesis," deserve a wider reading than they will get. We should be glad to see these papers published for the benefit of the laity, who could derive great benefit from their perusal. This year the chairmen of bureaux were nominated by a committee which considered the individual fitness of the candidate for the special department to which he was assigned, particularly regarding ability to work up the bureau and the obtaining of papers.

This effort is in the direction of more efficient work, and should be continued, as so much depends upon the faithfulness of these officers.

The "Old School" also held its meeting a few days before our own.

Both Societies expressed confidence in the State Board of Health, appealed for higher education and a change in the mode of examinations.

The "Old School" sustained the N. Y. County Society in admitting Drs. Goldman and Black to membership upon their "Homœopathic diplomas" and the following sentiments of President Bailey were adopted as the sense of the meeting and is in the direction of more united work in the profession at large. Dr. Bailey says:

"Nothing shows better the elevation of the medical profession above the handicraft trades, than this comparison of the guild and trades union with the medical Society, for these interests are an insignificant part of the work and possible influence of such societies. Indeed, we have, perhaps, reached a time when it may be well to drop the word ethics, with its present and past meaning, and adopt some new term which will express or suggest a different idea, so that we may forget the old notion of legislative courtesy and living toward each other, by a book of etiquette, when we may assume that only gentlemen will compose the profession, and need no code for civil treatment of each other. It is seriously a question whether the society of medical men should not drop its written law of ethics entirely, or, at least, limit it to a much narrower field of regulation. A considerable part of the profession seem to be approaching this, and the same may be as truthfully said, perhaps, regarding the business relations of the profession towards the community. Legislation has come lamentably short of its hope for realization. These things are by no means the object of the existence of medical societies; they are but an appendix to its real work and scope. Perhaps they might better be omitted entirely."

A REMARKABLE SUICIDE.

By W. H. WINSLOW, Ph.D., M.D., PITTSBURGH, PA.

A young lady of eighteen years of age, finely developed, with beautiful features and hair, and a disposition as joyous as that of Shakespeare's Rosalind, was visiting her aunt in one of our eastern cities. She was in the possession of perfect health, was well educated and refined, had a luxurious home, and everything to make life enjoyable.

She had been sent away from home to escape the love-sick pulings of a callow youth, of little character and less substance, whom she said she did not care for, but whose epistles furnished her with amusement, and contributed a little to the vanity, which all good-looking women possess in some degree.

The mother of this young woman was a delicate, nervous creature, of moderate mental capacity. The father was a healthy, well developed man, rather inclined to romantic views of life, and engaged in active and lucrative business. The nervous temperament predominated in both parents, and they sought pleasure and excitement in every legitimate way.

The daughter had therefore seen much of life, and enjoyed living, as only those do who have never suffered nor sorrowed. Everything had been very pleasant during her visit at her aunt's house. Not a ripple of discomfort had appeared to mar the social pleasures of the family.

The young lady had been teased a little about the infatuated lad she had left behind her, by a cousin of her own age and sex, but the open manner with which she met the chaffing, her unmoved and frank countenance, and her ridicule of the fellow, removed all suspicion that she cared a farthing for him. When all seemed brightest, the cloud came. Suddenly one afternoon this second Rosalind fell sick; anxious questions brought no explanation of the cause, medical skill was of no avail, until four hours afterwards, the patient confessed she had taken a teaspoonful of arsenic. Four days of fruitless endeavor and agony, and the beautiful girl was blue and cold in death.

After the excitement and grief had somewhat subsided, the following facts were brought forth: Half an hour before the fatal dose was taken, the lady was making preparations to go upon an excursion the following day, and had requested her relative to have a light dress washed for the occasion. She declined to come down to lunch, from the sitting-room where she was reading, and the first intimation the friends had that anything was wrong, they heard her vomiting. The arsenic had been taken, then, upon an empty stomach, a favorable condition for absorption, corrosion and destruction. After confession, when asked why she had taken the arsenic, she replied, smiling, "Oh! I was tired of life." To another, she said, "I only took it for my complexion; I have often done it before."

When asked if she was in the habit of taking the stuff in such large doses, she said, "No, I took little doses, but once before I took a teaspoonful, which made me sick a few hours, but I vomited it all up." To her beloved aunt, she said, "I did not take it on purpose, Aunt A—." When asked if she knew it would kill her, she replied, "I knew it would, if I took a large enough dose."

I learned from her parents, that two years before, Rosalind had gotten hold of a loaded pistol, and had requested her uncle to show her how to fire it. He asked her what for, and she answered, laughing, "Oh! I'd like to kill myself." Much alarmed, he succeeded in getting the weapon away from her, and the event was forgotten. During family conversation, soon after this, she read an item of suicide from drowning, and made several remarks upon it, and the different kinds of easy death, which showed that she had given the subject

consideration. Her father was so shocked, that he forbade her talking upon so gloomy a subject.

She was in the habit of coming into her mother's room, with dishevelled hair and disarranged clothing, her eyes staring, and hands held out before her gropingly, saying, "I cannot see!" But it was evident she could. This occasioned some alarm, but she afterwards confessed she did it for effect, just to frighten the folks. Having read of the death of a heroine in a novel, by stabbing herself, she said, "I am not going to die that way, it would hurt too much." Again she said, "People make a greater sensation when they die than when they live—I wonder if I shall." She said to a young man to whom she was supposed to be secretly engaged, "I shall never marry you, Charlie, I don't love you very much." Upon his expostulating, she answered, "I shall never live to get married." This was said in the presence of other parties, and was considered a joke. Strange thoughts for one so young and happy, as she seemed to be!

The parents became a little uneasy at these manifestations of abnormal feelings, and consulted a physician, who said, "there is nothing the matter." I learned that the menstrual function was normal, the appetite and digestion good, and the health perfect. Soon after this, a slight eruption of acne appeared upon the face, and she requested her cousin to go with her to a drug store to get some arsenic. "What for?" asked the cousin. "Oh, nothing, only I'd like to see how it looks. I tried to buy some in B—, but they would not sell it to me." The two went to a store and asked for arsenic "to kill rats." The druggist put up a poor quality of arsenious acid, and told the ladies to be careful, as it was dangerous. It appeared that Rosalind took this stuff in small doses daily for three weeks, her cousin not daring to tell any one; and one day, she took half a teaspoonful, as before mentioned. This was partly vomited, and the system was tolerant of the balance. After this, small doses were continued several weeks until the fatal increase in quantity.

Among the young lady's effects were found numerous scraps of paper, containing lines in rhyme and prose, many dated a year back. There was often some sadness in them—allusions to some manner of dying, and most all were dated and signed by the writer, either in initials or otherwise. I present a few as illustrations of the lady's mental state:

May 2d, 1869.

"Oh! it is hard to live!
I do not see a pleasure here;
It is not pleasant yet to die
And rest upon a solemn bier.
"I've often wondered when the waves
Sweep over one and quench the breath,
If in the calm that follows then,
One has a fear of death."

"H. E."

May 24th, '69.

"I'm a curious child with laughter wild,
And my brown hair covering me o'er;
And my little feet in slippers neat,
Go dancing along the floor.
"I do not fret, like Cousin Annette,
I am never cross at all;
I'm reading, dancing and flirting,
But over me hangs a pall.
"Oh! Father in Heaven, forgive me,
If at times I forget your love!
Oh! I wish that I were dead,
That I might rest in Heaven above!"

"HELEN E."

May, 1870.

"This dreadful deed keeps haunting me;
What a curious thing is the mind!
Thoughts drop like leaves from the tree-top,
And go flying around in the wind."

"H. E."

This last was written upon an envelope, dropped purposely by the writer upon the dining room floor at her aunt's house, and picked up and read by one of the family. She was making her last visit. The fatal month of July was now approaching.

July 20th.

"Oh! I am weary, weary,
And all the world is now so dreary,
That I will go among the angels,
Where they pray and sing.

"It is not hard to die—
So says the Christian;
So, little girl, be brave of heart,
And do this dreadful deed."

"H. E."

No date.

"What's to live for, what's to die for?
I've never liked this curious world.
It turns too fast around the sun;
I'm dizzy when I'm whirled,
Even in the pleasant dance.

"I'm going to die some day,
And won't the people stare
When they find how I'll do it!"

"H. E."

July.

"If I should kill myself,
I'd make a pretty corpse, that's plain;
I don't care for love, I'm ready to die;
There is not very much pain."

"HATTIE."

July.

"Good-bye, Father and Mother!
Don't grieve for your loving child.
I have been thinking a long time—
Does thinking make one wild?"

"I read of that beautiful girl who took laudanum, to-day, because her lover had deceived her. She was a fool! She ought not to have been deceived. I'll take laudanum sometime, for fun. It's easiest to drown. I wish father would send me money, so I could go home on the steamboat."

July.

"Now, dear little girl, be brave!
It will not hurt you much.
Now, farewell, to all, farewell!
I must do this deed.
Good-Bye!"

"H. E."

This was the latest thing written, and a few days after the deed was done, so certainly foreshadowed in the fugitive writings of this poor child.

I learned that upon a previous visit, she had often spoken of suicide, and the different methods of easy self-killing. Several times, then, scraps of paper, containing sentences and phrases in reference to suicide, had been found upon the floor in all parts of the house.

The aunt, whose evidence is thoroughly reliable, said these things were done for fun; that the young lady was fond of creating sensations, and had tried to frighten members of the family by talking of suicide, and the way she was going to die. She ridiculed the idea of there being any mental trouble in the patient. She knew her best; had seen her at all hours of the day and night, and she was always cheerful, gay and happy. She said H— was fond of novel reading and the drama, and often personated star actresses by attitudes and speeches. She startled her friends at first, but they soon understood that it was done for amusement. Here was a clear history of respectable tantrums for two years, without any evidence beyond them of physical or mental infirmity.

The arsenic had been taken in moderate doses, until the system had become so tolerant, that the first large dose only made the patient a little sick.

It had been commenced with a clear and definite object—to cure the face of a little acne, so insignificant as hardly to be noticed. The patient knew the dangerous agent with which she was playing, and she knew and gloated over every manner of self-destruction. Did she deliberately and intentionally kill herself? I think she did, and will give my reasons for this belief.

The mind is a curious emanation from matter. It is like a harp of a thousand strings. It gives glorious music when in tune; but it gets out of tune easily, and

then furnishes the world with the discords, which set the teeth on edge, and harrow the souls of the healthy.

The mind, in a normal state, is regulated by the will. By voluntary power, one can exclude some ideas from the mind and bring others prominently before it. Owing to morbid states of the sexual sphere, the mind is influenced often to the consideration of subjects, which, otherwise, would be looked upon with horror. This influence, having started a train of ideation, may cease, but the mind continue upon the same subject, because the causative agent has left an impression upon the nervous system that is agreeable to the individual, and the voluntary power is exercised to continue it. When the emotional nature is strong, the will power is generally weak, and hence the difficulty of banishing ideas from the mind, which stimulate emotional centers, and take firm possession of the individual. In minds in which the imagination and emotions predominate, thought is prone to resist the will, and to run riot; and the longer any train of thought is continued from morbid impulse, while the will is passive, or too weak to resist it, the more firmly it becomes established in the mind, and the more difficult it will be to dislodge it. In other words, monomania is produced, and controls the individual as a machine. I have not had an expert's experience with insanity, though I have treated a few lunatics; but the case presented above seems plain enough, in the light of our knowledge of cerebral physiology and pathology.

The young lady was influenced by some morbid condition of the sexual organs, not discovered, and by some shocking reports of suicide, to think about the different kinds of self-destruction. She spoke about suicide, and seeing that her associates shrank from the subject, her love of sensation was excited, and she persisted in talking upon different phases of death. The will was exercised at first to control the train of thought in the direction which pleased her fancy and stimulated her emotions. Thought was intensified and amplified by reports of suicide in the journals; by her acting, as if demented, for fun; by the uneasiness and deprecatory speeches of her friends, and by the mystery which surrounds death, until the not over-strong will was overpowered, and the subject of suicide took full possession of the mind.

Then it was a simple step, from tampering with small doses of arsenic to venturing a large one; and, when the courage grew, this pretty creature, like an automaton, obeyed the overpowering influence of her emotional ideation, and experienced the agonies of dissolution, upon which her mind had so long dwelt with delight.

DYNAMISTS.

BY E. N. E., OF BALTIMORE, MD.

The difference in the belief of Dr. H. W. Taylor and the writer, is less than I at first supposed. There are, however, some fundamental incompatibilities in our creeds, two of which I will mention and discuss, viz.:—1st. I believe there are *three* factions in our school; Dr. Taylor believes there are but *two*.

2d. I believe in the use of the 80th potencies; Dr. Taylor does not.

First I will try to explain why I insist that our school is divided into three parties: Suppose a physician gives only remedies in which the microscope can detect the crude drug, we may justly call him an exclusive low-potency man. He is typical of the class materialists.

Suppose a physician gives only remedies that have been potentized far beyond microscopic detection of substance, and upon no consideration whatever descends from his altitude, nay, he even sometimes ascends further into the realms of mysticism and uses the illegitimate fluxion vagaries. I think we may fairly call such a man an exclusive high potentist—or for convenience, an altissimist.

Now Dr. Taylor insists that only these two classes exist; and according to such a classification all who are not materialists must necessarily, as a matter of course, espouse the cause of the "Internationals." In other words, if a man cannot agree in principle with one party he must agree with the other; he has no other alternative; there is no "middle ground."

Now as an individual—and I know there are others who agree with me—I cannot adopt the belief of either faction. What therefore, are we—this anomalous collection of individuals whom Dr. Taylor sees fit to ignore—to do? One of two things: act the hypocrite, or fearlessly proclaim and uphold a principle.

I prefer the latter.

The point I most emphatically maintain, is, that there is a "middle ground"; and the men occupying this ground, I have called dynamists, in contradistinction to materialists and altimists, who are the extremists.

The *American Observer*, in an editorial speaking of its purpose and principles, says:

"It finds its Homœopathy in the middle ground between materialism and mysticism—the territory wherein it has had its grandest triumphs, and wherein a ripe experience will forever find it."

It is this "middle ground" upon which I stand, and it is from it that I have proclaimed the belief of dynamists.

Dr. Taylor disputes our name, and the term dynamic he repudiates entirely. He says:

"Physiology and toxicology enable us to know that in fact, drugs exert no power in the body. Like all other assimilable material they bring about certain alterations of function and structure. The human body itself is the 'dynamic' factor in the problem. The drug is simply material upon which the vital organism exerts power."

This assertion is too sweeping; facts prove it true only in part. It is true of food and a large class of drugs, but active corrosive poisons are exceptions. Neither are all drugs "assimilable material." For example, alcohol is toxic, but it is not assimilable. Crude nitric or sulphuric acids certainly produce changes in tissue sufficient to warrant granting them the ability to act.

Introduce oxalic acid into the stomach and the body dies from what is commonly known as the toxic effects of the acid.

Bring into contact with oxalic acid permanganate of potash, dextrode of manganee and water, and the result is action. Can we then call oxalic acid inert? None of the substances with which it is brought into contact are organic, therefore they do not act upon the acid any more than the acid acts upon them. Introduce this compound into the human organism and the result is death of organic tissue, both local and systemic. Now draw a distinct line and tell us where chemical change ceased and toxic effect begun. Bromine when absorbed by the lacteals, is the cause of certain manifestations in the animal economy in its attempt to expel the drug, which we call toxic effects; in this case bromine. The body is supposed only, to act upon the drug; but pure bromine can be kept only in glass stoppered bottles. I have seen rubber disappear when immersed in tincture of bromine, like ice in the rays of the summer sun, and yet rubber is inorganic.

These drugs affect not only organic but inorganic substances. A dead body possesses no vitality; it cannot act, and is therefore not the "dynamic" factor in the problem, the dynamic factor is the drug.

Did some drugs not possess an inherent force, "dynamism," then chemical compounds would be an impossibility. The study of chemistry would be a simple elemental study.

But back of this, *a priori*, granting such to be true, man would never have lived. "Ah," you say, "now you are trenching upon chemistry, and I am speaking of toxicology." True, so you are, but, my dear sir, you forget that toxicology so far invades the domain of chemistry that we find in some instances, toxic effects simply mean chemical action. When you say toxicology teaches that drugs—meaning of course all drugs—"exert no

power in the body," then upon these grounds we must take exception and ask a qualification. This being given we accept the modification and acknowledge that all inorganic or inane substances are powerless; of themselves they can originate nothing, good or evil; but when brought into contact with another body then some disturbance may result from the contiguity. For example, a drug is taken into the human body, it is no longer harmless; the organism exerts its vital force to rid itself of the intruder. This of course applies to those drugs only, lacking chemical vitality, *e.g.*, belladonna, opium, etc.

The vital organism when it becomes the "dynamic" factor in the process, makes the drug the prime cause of the disturbance, and so, indirectly or secondarily, we say the drug acts; when in reality it is only the manifest dynamic action of the human organism upon the drug. As the human organism acts in so many different ways on as many different drugs, to avoid confusion and multiplication of words, drugs have been mentioned as acting in various ways individually peculiar, while at the same time we bear in mind the fact that they are simply inert, *per se*. By substitution the quality of action having been transferred from the human body to the drug, it is most natural to transfer the various terms also that should be applied to the organism; as for example, recognizing the body to be the "dynamic" factor, the term "dynamic" is transferred to the drug. Dr. Taylor insists "that in the sciences of medicine we do not need so vague and obscure a word as 'dynamic.'" But considering the above stated facts, we must acknowledge it is just as applicable as a great many other words in constant use, and when we consider that it simply means power, force, we cannot appreciate its vagueness and obscurity. There is no other word that serves our purpose better, and until one is invented we shall continue to employ "dynamic" in the same sense in which it has so long been used.

The second point of difference in our creeds—the use of the 30th potencies—must, as Dr. Taylor says, "depend upon individual experience." By his individual experience, it seems Dr. Taylor has been disappointed in their action; so have others. By my individual experience, I have proved the efficacy of the 30ths; so have others.

A certain class of physicians believe the 30ths are efficacious only in the neuroses and that in organic changes their effect is null.

In this belief I cannot fully unite with my good brethren, for two reasons:—1st. I am convinced of having proved the 30ths curative in organic diseases, and 2d, because the relationship between nervous disturbances and organic changes is not so remote as some suppose. Some change in nerve vitality is always the prime cause of organic change—barring, of course, traumatic conditions.

In epidemics of cholera, fright kills as many as cholera. Mental depression may cause gastric derangements. Soldiers on the eve of battle are frequently seized with diarrhoea, simply from fright. Grief has caused complete aphonia. Pathology cannot discover corresponding physical changes in the brain, or any other organ to account for these conditions. In paresis, in cholera, in the neuroses generally, what pathological changes are discoverable? Impressions upon the nervous system are more to be dreaded than are physical impressions, excluding of course, traumatic destruction or disintegration. A healthy nervous system and a full stomach secure immunity from infectious diseases; an unhealthy nervous system and a full stomach offer no protection against infection. How rare it is to find an acquired pathological condition in a body inhabited by a healthy mind. *Per contra*, a body suffering from some external physical disturbance will have its mental vitality impressed by the condition.

Thus we see how strongly and indissolubly linked together are the body and the mind.

Hahnemann says:—"The sufferings of the immaterial vital principle which animates the interior of our bodies,

when it is morbidly disturbed, and the mass of symptoms produced by it in the organism, which are externally manifested, and represent the actual malady, constitute a whole—they are one and the same.

"The organism is indeed the material instrument of life; but without that animation which is derived from the instinctive sensibility and control of the vital principle, its existence is as inconceivable as that of a vital principle without an organism; consequently, both constitute a unit—although for the sake of ease in comprehension, our minds may separate this unity into two ideas."

The mind and body being completely and mutually independent, it is an impossibility to comprehensively separate diseases of the nervous system from morbid conditions in other systems composing the human body. We cannot say, such and such an organ or system is diseased and the nervous system remains independently, perfectly normal. From this fact we make the following deduction:—*If the 30th potencies are of any use, they are useful in all classes of diseases.*

The great stumbling-block in the way of high potency acceptance, is disbelief in the infinite divisibility of matter.

To what extent may matter be subdivided?

The answer of 20 years ago and the answer of to-day are very different; as different probably as the answer of to-day from the answer of 20 years hence. We have no more reason for doubting the infinite subdivision of matter, than we have for doubting the infinite aggregation of matter, in the one incomprehensible molecule we call the Universe. We know that a drug may be reduced to the 12th decimal potency, and its particles still remain microscopically visible; 20 years ago they were not. What if our ability to fathom such depths extends no farther, through all time, does that prove non-existence beyond?

Finite man will never fathom infinity.

At a certain holy shrine in the East is a stone, that, through the lapse of centuries, has been worn smooth, and the smoothness has grown into a depression, an actual loss of substance, from the attrition of the millions of lips that have kissed it. Where are the atoms, the molecules of stone, that have been kissed away? The lips only have touched the stone, every lip must then have removed its proportion. Have we any power of microscope sufficient to detect the slightest trace upon the lips of any one individual?

Kiss a statue, let Prof. J. Edwards Smith use his most powerful objective, and then answer.

Dr. Taylor, to support his argument, quotes the latter part of section 279, "Organon," relative to medicinal aggravation, and "the limit of smallness of the dose," and to support my argument I will quote the latter paragraph of the succeeding section, viz.:—"It is of little import whether the attenuation goes so far as to appear almost impossible to ordinary physicians whose minds feed on no other ideas but what are gross and material. All their arguments and vain assertions will be of little avail when opposed to the dictates of unerring experience."

Jahr's potency diagram in his "Clinical Guide," is a satisfactory explanation of why we all cannot use high potencies with equal success. As we subdivide a drug, so we develop its individual characteristics, and just in proportion does it lose its common class features; in other words, in equal proportion as we awaken "the medicinal properties that lie dormant in natural bodies, during their crude state," does the drug become an individual. Recognizing that in the drug we have an individual, then as homœopathic physicians, we must study the individual and not the class. We must generalize less and individualize more, if we wish to make a perfectly homœopathic prescription with a 30th potency.

I hope my remarks have been perfectly clear upon the two texts I have attempted to illuminate. In conclusion I make the following recapitulation:—1st. There are three factions in our school, materialists, altissimists and

dynamists; and we the dynamists, "now take a decided stand, and in the future we wish our principles to be thoroughly understood; we are 'a peculiar people,' and we do not relish having our identity confused with either altissimists or materialists."

2d. If the 30th potencies are of any use, they are of use in all classes of disease.

Through individual experience I have been satisfied with their efficacy, therefore:—I believe in the use of the 30th potencies.

HAHNEMANN'S LAW OF DOSE.

By H. W. TAYLOR, M.D., TERRE HAUTE, IND.

It is a curious fact, illustrative of the human propensity, to refuse to see and hear that which it desires not to see and hear, that it is almost universally conceded that Hahnemann laid down no rules for the quantity of the drug—established no law of dose. And it is an equally curious fact, that upon no other point was Hahnemann more clear, emphatic and explicit than upon that point which constitutes his law of dose. Upon no other point is he so wont to indulge in tautology. It seems that he was pervaded with the fear that his law of dose would be in the future subjected to critical tests and to varying decisions. Therefore, it became an all important matter to lay down this law in plain words, to refer to it frequently, and to reiterate it on all proper occasions.

That law itself is couched in terms so plain, so forcible, so incapable of misconstruction, that despairing of being able to extract a double or doubtful meaning from the language, our wranglers of posology have, by common consent, evaded and ignored it altogether.

This law of the dose is inseparably connected with the laws of the drug in Hahnemann's language. They appear to have been of equal importance in his mind. Nowhere has he laid down the one more strictly than the other. Nowhere has he urged the strictness, the inflexibility of *Similia*, with more earnestness than he has urged the strictness, the inflexibility of his law of dose.

This law of dose is first laid down in Section 26 of the "Organon," p. 104, Hering's 4th Am. Edition.

"Disease in the living economy of man is extinguished in a permanent manner by another that is more powerful, when the latter bears a strong resemblance to it in its mode of manifesting itself."

Here the law of *Similia* and the law of dose are enacted and promulgated together, as inseparable clauses of the same section. There are two vital conditions to the cure; and Hahnemann himself puts the condition of the dose before that of the drug. That first condition is that the drug must produce a *more powerful disease* than the disease to be cured. The second condition is that it must produce a *similar disease* to that to be cured.

What does Hahnemann mean by "a more powerful disease?" Let him answer in Section 27, p. 104, of the "Organon."

"It necessarily follows, that disease cannot be destroyed or cured in a certain, radical, prompt and permanent manner, but by the aid of a medicine which is capable of exciting (in the health of a human being) the entire group of symptoms which bear the closest resemblance to those of the disease, but which possess a still greater degree of energy."

The "more powerful disease," then, in Hahnemann's language and thought, is that entire group of symptoms possessing a greater degree of energy. Could any human proposition be more explicit. No law written, from the *Leges Julis* down to the last Sanitary enactment, has been couched in plainer terms than these. No proposition of written law is better defined in the language than this. No proposition of law can be less subject to quibble upon its language than this.

But, as if no room should be left for the quibbler, the great codifier of homœopathic law went on to reiterate and re-declare these enactments.

"It therefore follows, that the homœopathic medicinal agent will convert it (the disease) into another medicinal disease, which is analogous, but rather more intense." Section 29, p. 105, *ibid*.

Again, "every real medicine (mark this, ye Lippes and Finckes!) will at all times, and under every circumstance work upon every living individual, and excite in him the symptoms that are peculiar to it (so as to be clearly manifest to the senses when the dose is powerful enough) to such a degree that the whole of the system is always (unconditionally) attacked, and in a manner infected by the medicinal disease, which, as I have before said, is not at all the case in natural diseases."

Does not Hahnemann here prophesy against the false prophets of the "international?" Does he not here condemn those "proving" that can only be made upon a favored few? Was not the Milwaukee test the very fulfillment of the prophet's vaticination? Even the italics of this second clause of Section 33 were slanted by the hand of the master, to strike down the false prophets of the Dynamic school.

Again in Section 34, *ibid*, he displays the inseparability of the twin laws of cure, the law of dose and the law of drug. Their mutual dependence and correlation could not be more clearly set forth than in the whole of the 34th section.

"In artificial diseases produced by medicines, it is not the greater degree of intensity that imparts to them the power of curing those which are natural. In order that the cure may be effected, it is indispensable that the medicines be able to produce in the human body an artificial disease, similar to that which is to be cured; for it is this resemblance alone, joined to the greater degree of intensity of the artificial disease, that gives to the latter the faculty of substituting itself in the place of the former, and thus obliterating it. This is so far a fact, that even nature herself cannot cure an existing disease by the excitement of a new one that is dissimilar, be the intensity of the latter ever so great. In the same manner, the physician is incapable of effecting a cure when he applies medicines that have not the power of creating in healthy persons a morbid state, resembling the disease which is before him."

The medicine must be powerful enough to produce "at all times and under every circumstances, upon every living individual," symptoms resembling the natural disease, "but more intense." Are we not running away from other basic laws of the master, than those which the "Internationals" prate about?

Again in Section 45, we have the same law of dose referred to in the same terms.

"Or, to express it in other terms, as soon as the vital powers, which have till then been deranged by a morbid cause, are attacked with greater energy by a new power very analogous to the former, but more intense, they no longer receive any impression but from the latter, while the preceding one, reduced to a state of mere dynamic power without matter, must cease to exist."

It looks as if Hahnemann meant to give a secondary and altogether subordinate place to the term "dynamic power," while he brought prominently forward his two great laws of the dose and the drug. Does he not put the Internationals under the feet of Homœopathy in defining not only his two great laws, but in defining the term "dynamic power," upon which the seceders have builded?

"Also, that a cure is not to be obtained but by a morbid power, capable of producing symptoms that are similar and a little stronger." Sec. 48, *ibid*.

Always the two laws together, hand in hand, and he confirms them in these words: "The cause of this rests with the eternal and irrevocable law of nature, which was hitherto not understood," *ibid*.

These two great laws of Homœopathy are repeatedly referred to throughout the Organon. Sections 68, 69, 136, 148, 153, 157, 158, 276, 277, 279, 280, 282, are here quoted

in addition to those already mentioned in this article, as going to exemplify and substantiate these two laws of Hahnemann. In Sections 279 and 280, Hahnemann resorts to italics to enforce the recognition of these laws. In short, all through the Organon run the two laws—the similarity of the drug, and the greater power of the dose.

ON ELECTRO-MASSAGE.

BY WALTER Y. COWL, M. D., NEW YORK CITY.

Ever since electricity has been used for the treatment of nervous affections, muscular atony, and vascular disturbances, the difficulty of keeping the generating instruments in reliable running order has deterred the general profession from employing it to more than a limited extent.

Its efficient use has been in great measure restricted to specialists in electro-therapy, who, devoting themselves to their instruments of relief are seldom subject to the embarrassing annoyance of a seance without the current.

Since massage has come into frequent use for anæmic conditions, more especially those attended by nervous exhaustion, as well as for other states—local or general—attended by disordered circulation, an imperative want has been felt for some equally efficient, but less expensive and more convenient means of passive exercise than a trained masseur.

The successful plan of hygienic treatment, consisting of a combination of perfect rest, seclusion, massage, electricity, and increased alimentation, with food of simple character which Weir Mitchell has devised, for the multitude of American women afflicted with nervous exhaustion, (whether emaciate or obese,) is precluded from general adoption mainly by the expensiveness and difficulty of securing trained nurses, electricians, and masseurs, all in one.

The use of electricity and massage in chronic diseases and conditions, usually requires too much skill for a lay person to be successful with them, while patients, as a rule, will not or cannot pay for a sufficiently frequent application by those who are trained in their use.

Dr. John Butler has recently devised an instrument for simultaneously applying electricity and massage, which can be efficiently used by any person with few and simple instructions. The apparatus consists essentially of a permanent magnet, a revolving electro-mag-



net, and a chamois-covered metallic drum or cylinder, which constitutes one of the electrode. The other electrode, generally a flat, chamois-covered, rubber-backed disc of zinc, is connected by a conducting cord with the frame of the instrument.

Upon pushing the instrument along the surface of the body, the drum is rolled. By intermediate gear the electro-magnet is caused to revolve, and present each

pole alternately to each pole of the permanent magnet. With each break of contact a current of magneto-electricity is generated and sent through the part of the body rolled and pressed upon by the metallic drum.

The intensity of the current transmitted is easily graduated by the rapidity with which the drum is revolved, and the amount of pressure exerted.

The current is in all respects similar to that produced by an ordinary portable (Faradaic) battery.

Fully as strong, if not a stronger, current may be obtained from the machine than from the battery, although the latter is much the larger and heavier instrument.

The machine may be carried in an ordinary hand satchel.

Needing no fluid, and being of simple construction, it is far less liable than the battery to get out of order. The only precaution necessary is to keep the electro-magnet from wet.

If massage by intermittent pressure hastens the on-flow of blood, and renders more active the nutritive processes by accelerating the circulation, as there seems no reason for doubting, and if, on the other hand, electricity gives tone to a muscle by the exercise which it produces—by the intermittent contractions which alternately squeeze out the blood and allow more to flow in—effecting thus a similar result to massage, there seems to be the best of reasons for combining their use, and thus intensifying their effects. In other words, by adding electricity to massage, we get, beyond the mere passive exercise of the latter, an active although involuntary exercise of the muscles rolled and pressed upon, by the transmission of the current.

These extraneously excited contractions, moreover, take place throughout the entire extent of the muscles acted upon. Thus we obtain, at the same time, an entirely passive massage from the moving pressure of the roller, and a muscular contraction or electro-massage, which actively exercises the muscles, while the nervous system remains comparatively at rest.

That not only the muscles but the other tissues are subjected to an efficient electro massage is evidenced by the fact, easily verified, that redness of the skin can be much more readily produced by the combined means than by either one alone. It seems, also, from its use so far, that greater tonic effects can be obtained than by the two used separately.

From the ease with which the instrument described can be used and efficiently used by lay persons (under the directions of the physician) as well as the greatly lessened liability of failure to work when called upon, we believe that it will supersede the fluid batteries in the treatment of many affections, such as nervous exhaustion, paralysis of various kinds, neuralgia, myalgia, congestions—as of the uterus and other organs—amenorrhoea, etc., local scleroses, the result of previous inflammation, muscular and glandular atony, as in constipation, dyspepsia, etc., and that it will also much increase the use of electricity for these common affections.*

*We understand that a similar opinion has been publicly expressed by Dr. E. C. Seguin, Prof. Diseases Nervous System at the College of Physicians and Surgeons, N. Y. City.

OZONE, the most remarkable disinfecting and deodorizing agent yet found, can now be produced at slight cost by means of a simple and efficient apparatus made by the *Hektograph Company*, 23 Church St. The profession will be glad to know that this wonderful adjunct in the treatment of disease is placed within their reach, and that through it the sick-room can not only be purified and disinfected but the patient placed in the most favorable position for recovery.

HOMOEOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

A regular meeting of the society was held at the Ophthalmic Hospital. There were 21 members present. The minutes of the last meeting were read and approved.

Arthur B. Norton received from the hands of the President pro tem a certificate of license from the society to practice medicine, and was duly elected a member.

Alfred K. Hills, M.D., of the Committee appointed at the December meeting to consider the advisability of supplying the Secretary with clerical aid in making the records of the society, reported that the Committee recommended that the Secretary be authorized to employ a stenographer whenever he deemed it necessary. The report was adopted and the Committee discharged.

H. M. Dearborn, M.D., read a paper on *Selenium*, a remedy which owes its introduction to the homoeopathic materia medica chiefly to the late Dr. Hering. The principal symptoms exhibited in provings of *Selenium*, Dr. Dearborn stated as follows: itching in the nostrils; hacking or raising of lumps of transparent mucus in the morning; frequent clearing of the throat alternating with hoarseness, which is increased on beginning to sing or talk; morning cough, with some straining in the chest; dropping of a watery sticky substance from the urethra before and after stool; oozing of prostatic juice, with uncomfortable sensation, while sitting, and sometimes a burning, forcing-out feeling at the tip of the penis; involuntary dribbling of semen during sleep; semen wholly without normal odor; incontinence of urine by day, when walking, and after urinating; urine red, especially in the evening; headache from using tea, or made worse by using tea; pain in the right side in the region of the liver, which is worse on inspiration; tearing in the hands at night; itching about the ankles; pulsating in the abdomen after meals and during pregnancy and a feeling of great weakness; forgetfulness of business matters, but in sleep recalling what had been forgotten; misplacement of syllables in speaking. Dr. Dearborn compared with great fullness and care the provings of *Selenium* with those of *Sulphur*, *Calcarea Ostrearum*, *Thuja* and *Ferrum*. The clinical results reported from the use of *Selenium* in disease, he said, are as yet insufficient in number and connection to be of much value. The latest verifications noted are a cure of headache which was made worse by using tea, and the relief of incontinence of urine, the urine being red. When we understand better its mode of action and have tested its therapeutic power in carefully selected cases, it is not improbable that it may be found a valuable remedy for certain deranged states of the system, and to deserve a more prominent place in our materia medica.

D. B. Hunt, M.D., presented the following note of a case, which was read by the Secretary:

In the month of September, 1879, Mary W., a patient whom I had been treating for cataract of the right eye, presented herself, saying that on the preceding evening she had received a blow on the right temple, causing a great deal of pain, which had continued through the night and prevented sleep. The pain still persisted at the time of her visit. She described it as a dull, throbbing pain, not confined to any one point, but generally over the right side. An examination of the eye showed some conjunctival irritation, with much photophobia and lachrymation. The lens lying loose and detached in the anterior chamber. A solution of *Atropine*, four grains to the ounce, was instilled, and *Aconite* prescribed, a dose to be given every two hours. She refused to enter the hospital ward and was told to return the next day. She came, as directed, the following day, complaining of increased severity of pain. On examining the eye the same conditions as existed on the preceding day were found to be present, except that the conjunctiva was more congested and that the tension

of the eyeball had increased. I decided to remove the lens at once, and succeeded, after some difficulty, in doing so. During the next twenty-four hours the tension remained normal and the wound tended to heal kindly. On the second morning following the removal of the lens she complained greatly of pain, which had kept her awake during the night and still continued. The upper lid was swollen and oedematous. The borders of the cut for a space of two or three lines were hazy and infiltrated, a slight stringy and mucous discharge had occurred, and the tension of the eye-ball had again increased. A solution of *Eserine* $\frac{1}{100}$, one drop every two hours, was instilled into the eye, and *Eserine*, the $\frac{1}{10}$ trituration, a dose every two hours, was prescribed. In the course of twenty-four hours the tendency to sloughing had ceased and a rapid recovery followed.

George S. Norton, M.D., said he had used *Eserine* in several cases with very little success; but he thought that the case Dr. Hunt had presented had struck the key note in regard to the use of *Eserine* in sloughing of the cornea. *Eserine*, as is known, produces diminution of intra-ocular tension, probably by opening the filtration passages of the eye. There is a secretion going on in the interior of the eye which must pass out. Anything that closes the passages, as, for instance, the iris being pressed forward, will occasion increased tension. Now, in this case there was tension in consequence of the closing of the passages by the cataract. Dr. Hunt operated for the cataract, by which the tension was diminished and the pain relieved. Afterwards for some reason the secretion of the fluids of the eye probably went on to such an extent that the iris was pressed forward, preventing the due excretion of the fluids, thereby reproducing the tension and causing sloughing of the cornea. The *Eserine* administered opened the passages, so that the fluids passed out, the tension was diminished and the cornea cleared up. Dr. Norton thought that *Eserine* might be very useful in sloughing of the cornea caused or aggravated by increased hardness of the eyeball; but in cases of simple ulceration of the cornea, where there is no increased tension, he doubted its beneficial effects.

Alfred K. Hills, M.D., made the following remarks on the indications for the administration of *Iron*. He said his first attempts to prescribe *Iron* homœopathically, were not crowned with that success which the study of its pathogenesis had led him to expect, and its place in therapeutics was one to be found with no little difficulty.

With a condition of anemia rather than of plethora, time immemorial had associated it; and it was this generalization which he thinks was largely responsible for his failure. That the *Iron* is an important factor in the treatment of affections dependent upon a deficiency of the red blood-corpuscles, he would not on this occasion, attempt to question; but the point to which he desired to invite attention, was one which might lead us to its more perfect individualization, and hence more intelligent use. His clinical experience had led him to the use of this agent only in cases in which *animal food is either not derived by the appetite, or is not well borne by the stomach if taken into it*. When he had been governed by this characteristic indication, he had never been disappointed in its action.

Unless we have some reliable guide to the selection of drugs, they will not serve us as remedies in disease, and their administration becomes harmful, when under other circumstances they can be made of the greatest service in actually curing disease.

It was this blundering generalization which led him to almost discard so important a remedy as *Iron*, and doubtless many another had repeated his experience.

Again, it is to this demoralizing generalization that we can charge the useless substitution of one drug for another.

We often find various preparations of lime, Peruvian bark, iodine, sulphur and other deep acting medicines

occupying this position in respect to the subject of our remarks.

While all of these drugs are very important as oxygen carriers, they each have their special affinities, and will resist all attempts to force them out of their legitimate sphere.

He was well aware that some will think that his consideration of so important a drug as *Iron*, should also include its chemical relations to the organism, but this effort would lead beyond the object of his remarks, which were intended as purely of a therapeutic character from an homœopathic stand-point.

The clinical use of Peruvian bark is so much mixed up with that of *Iron*, that we find these two great elements often combined in prescriptions, upon this miserable principle of generalization.

Both may be of the greatest service in conditions dependent upon anemia, but our strict method of induction must determine the circumstances.

Our experience has taught us that the typical case for the use of Peruvian bark, is just as intolerant of fruits, as our *Iron* is of animal food, and this together with other modalities has often determined the choice.

A case which recently came into his hands, illustrated in a forcible manner, the importance of diagnosing the action of *Carbonate of lime* from that of *Iron*.

The patient was suffering from Chlorosis dependent upon such faulty assimilation as we often find in patients of scrofulous diathesis, with the swollen glands and local congestions. She had been pilled with *Iron* to the extent of toleration without the slightest beneficial effect. Her obesity was of that peculiar flabby character which often gives the skin a pearly white appearance. The appetite was not very much, but animal food was relished and digested as usual, excepting in quantity—Concomitant symptoms agreeing, the *Calcarea Carbonica* was administered with satisfactory results, and to the discomfiture of *Iron*.

He would that he possessed as trustworthy indications for the use of every drug in our *Materia Medica*; and to that end we can much better give the time which some of us devote to non-essentials.

L. L. Danforth, M.D., reported the following case occurring in his practice. The patient was a young lady 22 years of age, who came to him a little over two years ago, suffering from pain in the lower part of the abdomen when walking. The pain was intermittent: at times she suffered intensely, at other times she was comparatively free from it. Another prominent symptom was what she described as a fluttering sensation in the abdomen, which was sore to pressure. She had suffered from dysmenorrhœa ever since the menstrual function had been established. She gradually improved under his treatment, but was still subject to occasional attacks of pain and to the peculiar fluttering sensation. On examination she was found to be suffering from chronic peritonitis induced by dysmenorrhœa. The symptom which finally led to the discovery of the true remedy, was the fluttering in the abdomen. Dr. Danforth pored over his *Materia Medica* during the two years the patient was under his care, but could not find just that symptom till he procured Allen's General Index and found by its aid, the remedy *Brachyglottis*, under the head of fluttering in the abdomen. He gave the patient four doses a day of the remedy in tincture, and from that time to this, a period of four months, the pain and fluttering sensation has been absent, and the patient is entirely well, except occasional suffering from the dysmenorrhœa.

A communication from W. Peterson, M.D., was read, tendering his resignation as a member of the Society. On motion it was laid on the table.

A communication to the Secretary from the literary executors of the late Dr. Hering was read, asking him to distribute among the members of the Society, circulars and subscription blanks accompanying the communication, and relating to the raising of a fund for the

publication of a memorial book in honor of the deceased. The documents were accordingly distributed.

Alfred K. Hills, M.D., moved that a Committee be appointed to devise some plan for systematic investigations during the current year in *Materia Medica* by provings of drugs and otherwise, the Committee to report to the Society from time to time. The motion was adopted and the president pro tem appointed the following Committee: Alfred K. Hills, M.D., George S. Norton, M.D.; H. M. Dearborn, M.D.; M. Deschere, M.D.; and Mary E. Bond, M.D.

The Secretary appealed to the members of the Society to cooperate with him in his efforts to make the meetings of the Society interesting and valuable, by responding to his invitations for the presentation of papers and notes of cases.

Adjourned. F. H. BOYNTON, M.D.

NEW YORK, Feb. 9, 1881.

Secretary.

THE HOMŒOPATHIC PHYSICIANS AND SURGEONS OF AMERICA.

MESSENGERS EDITORS:—Allow us to express our thanks for your notice in the February number of your valuable journal, page 255, of our forthcoming work. We adopt the whole of it, as expressing our own views, and exact ideas concerning the book. The volume will be confined to "biographical statistics" only; and, as it is intended to be "solely for reference," all "buncombe" will be sedulously avoided. We propose to furnish "ungarnished facts" only. Our move has been most warmly endorsed by many of the most prominent members of our profession, several of whom have, unasked, written congratulatory letters, expressing their gratification that such a work is being compiled; and over eleven hundred of the blank forms of questions, or circulars, have already been filled out and sent to us. Our standard of admission to mention in our book is similar to that of the American Institute of Homœopathy, viz.: "A physician must have pursued a regular course of medical studies, according to the requirements of the existing institutions of this country," must be a regular graduate of a reputable medical college, and "sustain a good moral character and professional standing." We are making unwearied efforts, aided by the information from eminent physicians all over the country, to thoroughly purge all "black sheep" from our list. With the mooted questions of dosage and potency, the editors will not interfere. Theoretical medicine will not be discussed, as not germane to the character of the book. We shall succeed if the profession will warmly support our endeavor by promptly filling and returning the blanks, making the information statistical and accurate, avoiding all generalities and unnecessary statements. Those who seize our idea may often help greatly by conveying their apprehension of it to others who are hesitating or inclining to an unfavorable decision. It is peculiarly an occasion where each, by doing his part, will help others and himself at the same time.

J. C. GUERNSEY.

N. Y. HOMŒOPATHIC MEDICAL COLLEGE.

The New York Homœopathic Medical College held its commencement March 8. Salem H. Wales, the President of the Board of Trustees, presided, and conferred the degrees. Professor Dowling delivered the introductory address.

Prizes were presented to the following graduates by Prof. F. S. Bradford, M.D., Secretary of the Faculty:—

First "Faculty Prize" for the highest standing in all departments—a complete set (seventeen volumes) of "Ziemssen's Cyclopædia of the Practice of Medicine"—to Chester Arthur Mayer, of Buffalo, N. Y.

Second "Faculty Prize" for the second standing—a minor operating case—to Samuel W. Clark, Jr., of Philadelphia.

Prize presented by Mr. Salem H. Wales for the highest proficiency in all the junior studies—Helmuth pocket case—to A. J. Warner, of Watkins, N. Y.

The following gentlemen received honorable mention: Messrs. C. A. Groves, of Bradford, Pa.; E. T. Horton, of Pultney, Vt.; E. J. Pratt, of Yarmouth, Me.; W. J. Shrewsbury, of Brooklyn, N. Y.; and E. H. Walcott, of Rochester, N. Y.

The valedictory on behalf of the graduates was delivered by B. S. Keator, M.D., and the annual commencement address was read by Rev. Dr. Conkling.

The following is a list of the graduates: A. Angell; J. H. Bradsworth; C. N. Brantigan; H. Brooks; L. A. Bull; M. B. Butler; A. E. Chapman; S. W. Clark, Jr.; H. W. Coffin; H. N. Curtis; J. D. Day, M.D.; W. H. Dobbins; S. P. Ecki; A. F. Elife; C. S. Elebash; W. H. Faulkner; H. L. Foster; O. A. Gee; C. A. Groves; E. W. Hamilton; A. C. Hanor; N. A. Harris; C. E. Helfrich, M.D.; R. W. Herbert; V. A. Hoard; J. W. Hodge; E. T. Horton; W. D. Hough; B. L. Houghton; B. S. Keator; W. B. Kelly; W. C. Latimer; R. F. Licoish; E. N. Lowry; C. S. Macy; C. A. Mayer; J. C. Mesick; S. E. Miles; C. F. Millspaugh; A. B. Norton; H. B. Packer; E. J. Pratt; Mahon C. Pingree; C. F. Ring; F. C. Sanborn; R. W. Schuyler; W. J. Shrewsbury; A. P. Simpson; J. A. Sinsabangh; F. M. Sisson; N. Smith, Jr.; T. St. John; C. T. Williams; E. H. Wolcott.

DR. JOHN BUTLER has devised an instrument, a cut of which may be seen in another column, by which electricity and massage may be practised at the same time. The importance of these agents as curative means is becoming better understood and their combination in this convenient form for application will, we feel confident, meet the approval of the profession.

The instrument is in convenient shape to be carried, and, if desired, can be applied by the nurse after a little instruction.

DR. E. R. CORSON, of Savannah, Ga. has formed a partnership with Dr. C. C. Schley of that city; and our friends will do well to keep the fact in mind in referring patients.

DR. A. P. WILLIAMSON, Chief-of-Staff, reports 761 patients treated at the Homœopathic Hospital, W. I., during February, with a mortality of 1.71 per cent.

A BILL has been introduced at Albany, providing for the supervision of the issue of patent medicines by a board of medical men.

DR. GAILLIARD, editor of *L'Homœopathie Militante*, Belge, has been made an officer of the Legion of Honor, France.

DR. J. H. MCCLELLAND, and C. F. Bingaman, will represent Allegheny Co., Pa., at the International Convention, London.

REMOVALS.—Dr. S. F. Shannon from Pittsburgh to 87 Arch st., Allegheny, Pa.

DR. H. W. TAYLOR has removed to Terre Haute, Ind., where he will have a larger sphere for usefulness.

DR. WM. PRACH from Rochester, Pa., to 115 Arch st., Allegheny, Pa.

DR. W. Y. COWLE to 36 W. 21st Street.

DR. E. N. LAKE, Bloomsburg, Pa., to Butler, Pa.

LOCATION.—Tionesta, Forest County, Pa. Address Rev. J. F. Hill.

MARRIED.—In Elyria, Ohio, Dec. 31, 1880, at the residence of the bride's parents, Miss Frances L. Pomroy to Harlan Pomroy, M.D., of Cleveland, Ohio.

